OrtoPed
www.ortoped.ca

ORDER FORM

BILL TO:	
Company:	
Address:	
City:	*Province:*
Postal code:	*Telephone:*

ORDER INFORMATION
Order date:
Customer number:
P.O. number:
Telephone:
Ordered by:
Date required:

SHIP TO (if different than above):	
Contact name:	
Address:	
City:	*Province:*
Postal code:	*Telephone:*
	Fax:
E-mail:	

SHIPPING INSTRUCTIONS	
Rush	☐
Consolidate	☐
Ship complete	☐
Partial ship	☐

COURIER INSTRUCTIONS			
Purolator	☐	UPS	☐
DHL	☐	Shop best	☐
Other	_____		
Prepaid	☐	Collect	☐
Collect acct#	_____		

Qty.	UM	Size	Color	Item №	Item Description	Patient Name

Patient info for knees and feet (if applicable)				
Patient Name / ref	Patient Weight	Patient Height	Activity Level	Level of Amputation

PAYMENT METHOD FOR THIS ORDER				
On account ☐	COD ☐	Prepaid ☐	MasterCard ☐	VISA ☐

Credit card # _____ Exp. ___/___ (MM / YY) Signature _____

Verison: May 2010