

# JAECO WREX Order Form

## 1 BILL TO:

Customer Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone (\_\_\_\_) \_\_\_\_\_  
 Fax (\_\_\_\_) \_\_\_\_\_  
 Your Name \_\_\_\_\_

## 2 SHIP TO:

Customer Name \_\_\_\_\_  
 Attention \_\_\_\_\_  
 Department \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## 3 Method of Payment:

**Check** (Payable to JAECO Orthopedic)  **Bill our Account:** Purchase order Number \_\_\_\_\_

**Credit Card:**  Visa  MasterCard Credit Card Number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CC Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**4 Shipping:**  Ground 1-5 Days  3-Day  2<sup>nd</sup> Day Air  Next Day Air

## 5 Select WREX Arm:

Qty.	Product #	Product Description
	JWREX-1L	WREX Arm Left
	JWREX-1R	WREX Arm Right

## 6 Select WREX Forearm Support:

Qty.	Product #	Product Description
	WFS-6	6 in. Pediatric
	WFS-8	8 in. Small
	WFS-9	9 in. Medium
	WFS-10	10 in. Large
	FSC-1	Custom: Supply measurements

### Custom Forearm Support Measurements

Forearm Length \_\_\_\_\_

Wrist Circumference \_\_\_\_\_

Forearm Circumference \_\_\_\_\_