

Arm Supports - Accessories

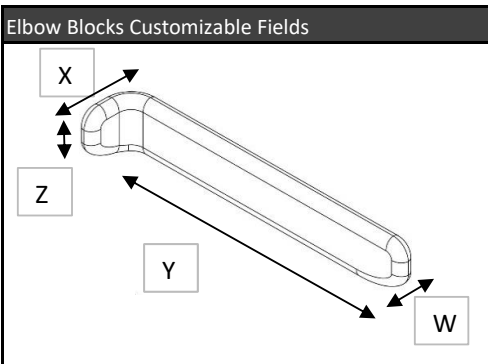


Customer Name: _____
 Address: _____ PO #: _____
 City: _____ Phone #: _____ Date: _____
 Account #: _____ Authorizer Name: _____



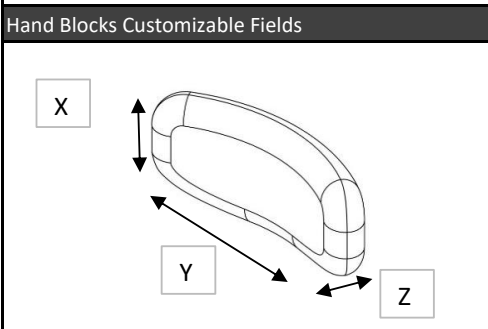
PART NO:	DESCRIPTION	PRICING	ADP CODE/S
<input type="checkbox"/> PRF-P	Pressure Relief Foam	65	SETND0035
<input type="checkbox"/> PRG-P	Pressure Relief Gel	65	SETND0035
<input type="checkbox"/> UPHA555-P	Extra Wide Arm Pad	91	SEAND0010
<input type="checkbox"/> LEB-P	Elbow Block Left (4)	56	SETND0030
<input type="checkbox"/> REB-P	Elbow Block Right (4)	56	SETND0030
<input type="checkbox"/> CEB-P	Custom Elbow Blocks (2)	73	SEMCF305L
<input type="checkbox"/> MASS-P	Modular Arm Support	237	SEAND0005
<input type="checkbox"/> CHPP-R	Trough Arm Support System Right	194	SETND0030, SEMCF305L, SETND0035
<input type="checkbox"/> CHPP-L	Trough Arm Support System Left	194	SETND0030, SEMCF305L, SEAND0035
<input type="checkbox"/> LHB	Left Hand Block	56	SETND0030
<input type="checkbox"/> RHB	Right Hand Block	56	SETND0030
<input type="checkbox"/> CHB	Custom Hand Block	73	SEMCF305L
<input type="checkbox"/> GWAPF	Gel Waterfall Arm Pads	180	SETND0030, SEAND0010

NOTE: For CUSTOM SIZE Use Only ----- Please enter Custom fields below: CUSTOM



Field	Elbow Blocks		Hand Blocks	
	Standard	Custom	Standard	Custom
W	<input type="checkbox"/>	<input type="checkbox"/> _____		
X	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/> _____
Y	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/> _____
Z	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/> _____
	Quantity: _____		Quantity: _____	

NOTE: View diagram on the left for reference. Please select Standard for standard sizing. For custom please select Custom and enter the custom value in space next to the checkbox



Custom Notes:

