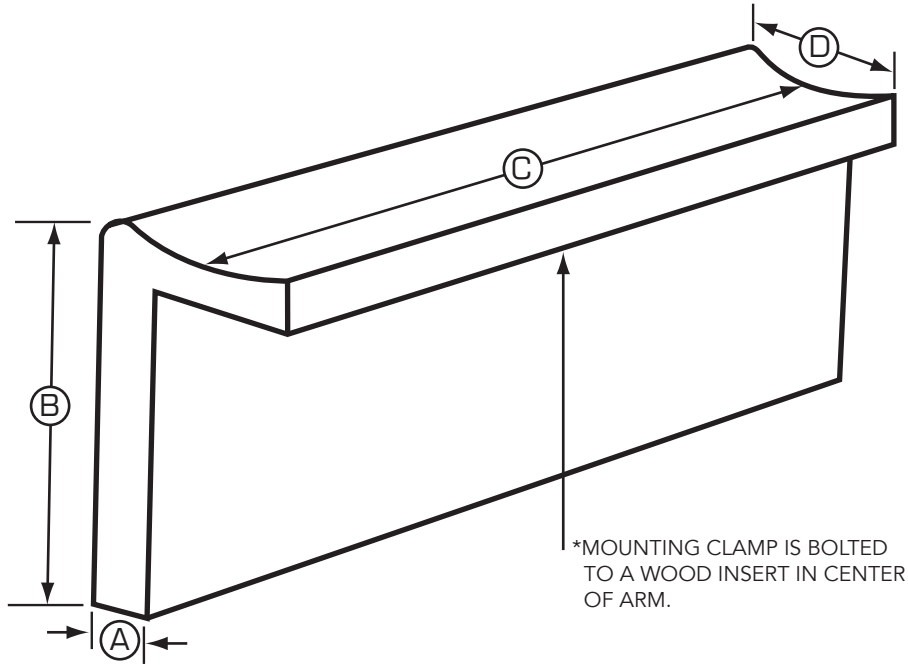


NON-STANDARD TEMPLATE

RIGID TRUNK SUPPORT



PLEASE FILL OUT THE FOLLOWING

Product Information

- | | |
|-----------------------------------|---------------------------------------------------------|
| 1) SUPPORT THICKNESS (A) : _____" | 4) ARM TROUGH WIDTH (D) : _____" |
| 2) SUPPORT HEIGHT (B) : _____" | 5) COVER TYPE : Comfort-Tek or Stretch-Air (circle one) |
| 3) ARM TROUGH LENGTH (C) : _____" | |

Customer Information

CUSTOMER ACCT # : _____	SHIP TO LOCATION : _____
CONTACT PERSON : _____	_____
PHONE # : _____	_____
FAX # : _____	PATIENT REFERENCE : _____
E-MAIL : _____	QUOTE REQUEST SUPPLY : _____

COMMENTS:

PLEASE FAX TO THE COMFORT COMPANY • 406.522.8563

The Comfort Company will modify any product to fit the specific needs of your patient.

Inquire for pricing and specifications.