**Rigid Trunk Support**

**Product Information**

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

**Customer Information**

CUSTOMER ACCT #: ____________________________

SHIP TO LOCATION: ___________________________

CONTACT PERSON: ____________________________

PHONE #: ________________________________

FAX #: ________________________________

E-MAIL: ________________________________

PATIENT REFERENCE: ________________________________

QUOTE REQUEST SUPPLY: ________________________________

COMMENTS:

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The Comfort Company will modify any product to fit the specific needs of your patient. Inquire for pricing and specifications.