

Patient's Name: _____ Date: _____

D.O.B.: _____ Diagnosis: _____

Patient's Phone #: (_____) _____ - _____

To FILL YOUR PRESCRIPTION, CALL (310) 418-0308 OR FAX TO (310) 921-5660 WITH PATIENT PHONE #

Knee/Ankle/Foot:



Multi-Purpose Knee Brace
(removable hinges)



Patella Stabilizer



Patella Strap

Other Custom and OTS Knee Braces Also Available



Ankle Brace w/ Stirrups



Low Profile Ankle Brace



Inflatable Walker Boot

Low Top Standard



Crutches



Cane

Wrist/Arm:



Wrist Brace



Carpal Tunnel/Tendonitis Wrist Brace



Thumb Spica/Splint



Smartsling® Arm Sling



Tennis Elbow Support
(w/ optional hot/cold pack)

Other Products:



TENS Unit



Ultrasound Machine



Cold Rush® Cold Therapy



Wheelchair



Back Brace
(pictured w/ optional front & back plates)



Back Brace
(optional hot/cold pack)



Intelliskin™ Posture Shirt



- Men's Shirt
- Men's Tanktop
- Women's Shirt
- Sports Bra

Size ____ (XS, Sm, M, Lg, XL, 2XL, 3XL)

Color: Black White

(Charts and Sample Set for Sizing Available)



Cervical Traction Collar



Cervical Traction Unit



Cervical Traction Over-the-Door



D-Core Cervical Pillow



Lumbar Cushion

Any Other Types of Cushions/Pillows also Available

OTHER PRODUCT(S) NOT SHOWN _____

-We Provide Fitting and Delivery-

Physician's Signature: _____

CA License #: _____

Special Instructions: _____

ILWU Longshore PPO Insurance – All Products Covered 100%

No Copays and No Out of Pocket Expenses