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 BTMrehab.com

Hip Flexion Assist Device Order Form

Name: _____

Date: _____

Age: _____ Sex: _____ Height: _____

Affected Side: Left Right Bilateral

Size: Small Medium Large

Length: Regular [Height 5'10" (1.78m) and under]
 X-Long [Height over 5'10" (1.78m)]

HFAD Size Chart		
Size	Waist Circumference	
	Inches	Centimeters
Small	24 – 32	61 – 82
Medium	33 – 40	83 - 102
Large	41 – 48	103 - 122

Pricing: Single Side HFAD: \$225 Bilateral HFAD: \$275 Shipping & Handling: \$14.99

Contact Information

Select Preferred Method of Contact for Order Confirmation:

Phone Number: _____ Email: _____

Shipping Address

Street: _____

City: _____ State: _____ Zip: _____

Payment Information

Credit Card: MasterCard Visa American Express

Name as it Appears on Credit Card: _____

Credit Card Number: _____ Security Code: _____

Expiration Date: _____

