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Richie Brace OTC Order Sheet

Account #: _____ - _____ - _____ Date: _____ PO #: _____

Buyer: _____ Company Name: _____

Ship to: _____

Street / Suite

City

State

Zip

Phone #

Fax #

Email

Billing Address If Different: _____

Street / Suite

City

State

Zip

Phone #

Fax #

Email

| | Size | Quantity | | Type |
|-------------|-------------------|----------|-------|------------------------------------------|
| | | Left | Right | |
| Extra Small | W 4-6 | _____ | _____ | Full Flexion <input type="checkbox"/> |
| Small | M 5-7 / W 7-9 | _____ | _____ | Permanent Fixed <input type="checkbox"/> |
| Medium | M 8-10 / W 10-12 | _____ | _____ | |
| Large | M 11-13 / W 13-15 | _____ | _____ | |
| Extra Large | M 14+ / W 16+ | _____ | _____ | |

* Please use a separate form for each type choice.*

Total Quantity: _____