

# PRODUCT ORDER FORM

Please fill out completely. Orders cannot be processed without all necessary information.

**FAX TO: (630) 690-8448**



# WHEATON BRACE Co.

*innovators of pediatric  
orthopedic products*

Wheaton Brace Co.  
380 S. Schmale Rd, Ste 121  
Carol Stream, IL 60188-2790  
www.wheatonbrace.com

Phone **(800) 227-6769**  
[local] (630) 690-5795  
[fax] (630) 690-8448  
sales@wheatonbrace.com

**\*PO Number** \_\_\_\_\_

**SHIP TO:**

Name \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_ Country \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_  
Fax (\_\_\_\_) \_\_\_\_\_

**BILL TO:**     **Check here if shipping/billing  
address are the same**

Name \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_ Country \_\_\_\_\_

Quantity	Item No.	Please check one if applies:			Description
		L Only	R Only	Pair	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**REQUESTED SHIPPING:**

- Overnight
- 2<sup>nd</sup> Day
- 3 Day
- Ground

**COMMENTS:**

**CONFIRMATION:**

- Faxed acknowledgement requested
- Phone confirmation requested

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_