



# Facemask Order Form

Order Date: \_\_\_\_\_ Date Needed: \_\_\_\_\_ PO#: \_\_\_\_\_

## SHIPPING INFORMATION

Facility: \_\_\_\_\_ Practitioner: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## BILLING INFORMATION Same as shipping – leave blank

Facility: \_\_\_\_\_ POC: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## SHIPPING INSTRUCTIONS

Ground       2-day (additional charges)       Overnight (additional charges)       Local

## PATIENT INFORMATION

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex:  F  M

Diagnosis/Special Instructions:     Have a Tech Call Me

\_\_\_\_\_  
\_\_\_\_\_

## FABRICATION INSTRUCTIONS

### Materials:

Polycarbonate:  3/16"     Other (material/thickness) \_\_\_\_\_

**Strapping Options:**  Black     White     Other: \_\_\_\_\_

**Thickness:**  1"     1.5"     2"

**Material:**  Elastic (with Hook/Loop)     Other: \_\_\_\_\_

Straight -or-  Criss-Cross

**Chaffes:**     Opposite     Same Side

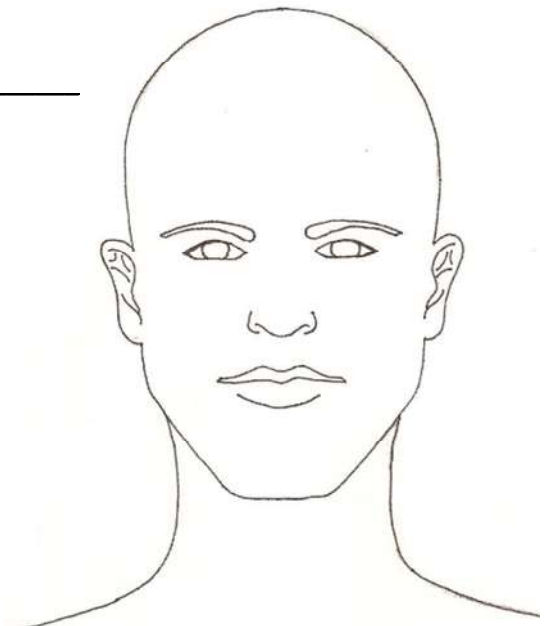
### Corrections:

Already modified:

Build-Up:

Location: \_\_\_\_\_

Amount: \_\_\_\_\_



**Mark any approximate trim lines above**