



Fax this form to 360-435-2912, mail it to the laboratory, or call 1-866-ORTHOLAB toll free. You may also e-mail us at: info@integrityortho.com.

practitioner name: _____
practice name: _____
street address: _____
city: _____
state: _____ zip _____
phone: _____ fax _____
e-mail: _____

please send the following items:

- Starter Kit
- Business Reply Shipping Labels (QTY: _____)
- Airborne Air Bills (QTY: _____)
- Prescription Forms (QTY: _____)
- Shipping Boxes (QTY: _____)

please send samples as follows:

- | | |
|---|---|
| <input type="radio"/> Unitized Biomechanical Device | <input type="radio"/> Unitized Fashion Device |
| <input type="radio"/> Poly Biomechanical Device | <input type="radio"/> Poly Fashion Device |
| <input type="radio"/> Graphite Composite Biomechanical Device | <input type="radio"/> Graphite Composite Fashion Device |
| <input type="radio"/> UCBL | |
| <input type="radio"/> Heel Pain Device | <input type="radio"/> General Sport Device |
| <input type="radio"/> Polypro Mould (Filler: _____) | <input type="radio"/> Tennis/Racquetball |
| <input type="radio"/> Leather Mould (Filler: _____) | <input type="radio"/> Golf |
| <input type="radio"/> Diabetic Mould Type I | <input type="radio"/> Soccer/Rugby |
| <input type="radio"/> Diabetic Mould Type II | <input type="radio"/> Marathoner |
| <input type="radio"/> Diabetic Mould Type III | <input type="radio"/> Sprinter |
| <input type="radio"/> Other: _____ | <input type="radio"/> Basketball |
| | <input type="radio"/> Aerobic |
| | <input type="radio"/> Runner's Mould (Filler: _____) |