# BEST Orthopedic™ & Medical Services, Inc.

**2356-B Springs Road, NE • Hickory, NC • USA • 828-256-1933 • Fax: 828-256-3924 • www.best-ortho.com**

Please complete all information and fax or mail it to us.
Once your order has been received and logged into the system, you will be sent a confirmation notice.

| | **Billing Address** | | **Shipping Address (if different)** |
|---|---|---|---|
| **Company Name** | | | |
| **Address** | | | |
| **Suite** | | | |
| **City/State/Zip** | | | |
| **Phone Number** | ( ) - | **Contact Person** | |
| **Fax Number** | ( ) - | **E-mail Address** | |
| **Date:** | **Customer #:** | | **Purchase Order #:** |
| **Preferred Shipping Method:** | | | |
| **Please Note:** Federal and state laws may restrict the sale of these devices by or on the order of a physician. | | | |
| **Notes:** | | | |

| Item # | Description | Quantity | Size | Color | Price Ea. | Total |
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