

We let you try our products first! Ask about our Free Samples & 2-Week Device Demos!

Fax Request Form

REQUESTING orthoRAP®-PLUS SAMPLES:

- hipRAP™-PLUS shoulderRAP™-PLUS
- kneeRAP™-PLUS Other orthoRAP®-PLUS:

Device Coversets:



[View all product information at www.sunmedica.com](http://www.sunmedica.com)

PLEASE SEND ME THE FOLLOWING DEVICE INFO:

- | | |
|--|---|
| <input type="checkbox"/> Quote | <input type="checkbox"/> 2- Week Demo Agreement |
| <input type="checkbox"/> hipGRIP® | <input type="checkbox"/> hipGRIP® |
| <input type="checkbox"/> hipGRIP II® | <input type="checkbox"/> hipGRIP II® |
| <input type="checkbox"/> hipGRIP II®-Upgrade | <input type="checkbox"/> hipGRIP II®-Upgrade |
| <input type="checkbox"/> kneeGRIP® | <input type="checkbox"/> kneeGRIP® |
| <input type="checkbox"/> kneeGRIP II™ | <input type="checkbox"/> kneeGRIP II™ |
| <input type="checkbox"/> thighGRIP® | <input type="checkbox"/> thighGRIP® |
| <input type="checkbox"/> legGRIP® | <input type="checkbox"/> legGRIP® |
| <input type="checkbox"/> armGRIP™ | <input type="checkbox"/> armGRIP™ |



Date: _____

Name, Title: _____

Phone #: _____ Fax #: _____

Email Address: _____

Hospital/Facility Name: _____

Shipping Address: _____
(Attn. To/Department Name)

Please fill out this form clearly & completely.

FAX US AT: (530) 229-9457



Visit www.sunmedica.com to view:

Current Pricing + Product Information + Videos + 2-Week Device Demo Program Info

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