



Wholesale Ordering Form

Email to: orders@altamedical.com
 Fax to: 414-626-2659

ORDER INFORMATION			
PO		Contact Name	
Phone		Contact Email	

BILLING INFORMATION					
Acct #					
Name					
Address					
City		State		Zip	
CC#		Exp		CID	

SHIPPING INFORMATION					
Name					
Address 1					
Address 2					
City		State		Zip	
Shipping Service	<input type="checkbox"/> Ground	<input type="checkbox"/> 2nd Day	<input type="checkbox"/> Overnight		

PRODUCTS

SiennaWrap Foot			
Size	L/R	Color	Quant
Small	Left	Beige	
		Black	
	Right	Beige	
		Black	
Medium	Left	Beige	
		Black	
	Right	Beige	
		Black	
Large	Left	Beige	
		Black	
	Right	Beige	
		Black	
XL	Left	Beige	
		Black	
	Right	Beige	
		Black	

SiennaWrap Calf, Seamless			
Size	Height	Color	Quant
Small	Regular	Beige	
		Black	
	Tall	Beige	
		Black	
Medium	Regular	Beige	
		Black	
	Tall	Beige	
		Black	
Large	Regular	Beige	
		Black	
	Tall	Beige	
		Black	
XL	Regular	Beige	
		Black	
	Tall	Beige	
		Black	

Adapt-a-Wrap			
Size	Height	Color	Quant
Small	30cm	Black	
	33cm	Black	
	36cm	Black	
	39cm	Black	
Medium	30cm	Black	
	33cm	Black	
	36cm	Black	
	39cm	Black	
Large	30cm	Black	
	33cm	Black	
	36cm	Black	
	39cm	Black	
XL	30cm	Black	
	33cm	Black	
	36cm	Black	
	39cm	Black	

SiennaWrap Knee			
Size	Height	Color	Quant
Small	Reg	Beige	
Medium	Reg	Beige	
Large	Reg	Beige	
XL	Reg	Beige	

SiennaWrap Calf, Contoured			
Size	Height	Color	Quant
Small	Regular	Beige	
		Black	
	Tall	Beige	
		Black	
Medium	Regular	Beige	
		Black	
	Tall	Beige	
		Black	
Large	Regular	Beige	
		Black	
	Tall	Beige	
		Black	
XL	Regular	Beige	
		Black	
	Tall	Beige	
		Black	

Alta Compression Hybrid Liner			
Size	Height	Color	Quant
Small	Knee-Hi	Black	
Medium		Black	
Large		Black	
XL		Black	
XXL		Black	

SiennaWrap Thigh			
Size	Height	Color	Quant
Small	Reg	Beige	
Medium	Reg	Beige	
Large	Reg	Beige	
XL	Reg	Beige	

Alta Liner			
Size	Height	Color	Quant
S/M/L	Knee-Hi	Black	
XL/XXL		Black	
S/M/L	Thigh-Hi	Black	
XL/XXL		Black	

To order the Calf with the A-Sleeve, please circle the quantity amount.