



An arthroscopic well-leg holder for use with a foam pad.

## ORDER FORM

### BILLING INFORMATION

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### SHIPPING INFORMATION

Same as Billing Information

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### ORDER INFORMATION

Item #: KB001

Retail Price: \$750.00 plus S&H

AAOS Conference Price: \$499.00 (S&H Included)  
(offer available until December 31, 2010)

Purchase Order #: \_\_\_\_\_

Quantity: \_\_\_\_\_

Total Payment: \_\_\_\_\_

### PAYMENT WITH CHECK

Payable To: Montgomery Orthopedic  
Equipment, LLC

Check Number: \_\_\_\_\_

Check Total: \_\_\_\_\_

### TO PLACE ORDER

Please mail or fax completed form and mail check to:

Montgomery Knee Board  
c/o Thomas J. Montgomery, M.D.  
449 Heymann Boulevard  
Lafayette, LA 70503  
Fax: 337.232.4426