

Westcoast QuickLite™ Cover Order Form

Order Date: _____ Account #: _____

Purchase Order #: _____ Ordered By: _____

B/K Cover		B/K Split Cover		Split Cover For Re-Flex VSP® Lateral		A/K Discontinuous Cover	
	Quantity L or R		Quantity L or R		Quantity L or R		Quantity L or R
13 1/2" S	_____	14" S	_____	14 1/4" S	_____	13 3/4" M	_____
14 1/2" M	_____	15" M	_____	15 1/4" M	_____	14 3/4" L	_____
15 1/2" L	_____	16" L	_____	16 1/4" L	_____		
16 1/2" XL	_____	17" XL	_____	17 1/4" XL	_____		

Note: To insure proper fit, please measure the circumference of the prosthetic socket and refer to the Westcoast QuickLite Cover sizing chart, selecting the closest size listed for the product you are ordering.

Shipping Address

Ship To: _____

Contact Person: _____

Address: _____

City/State/Zip: _____

Phone #: _____

Billing Address

Bill To: _____

Contact Person: _____

Address: _____

City/State/Zip: _____

Phone #: _____

Shipping Options (please choose one)

- UPS Regular Service
- UPS 2nd Day Air (Blue)
- UPS Next Day Air (Red)
- UPS 3 Day Select

Terms: Net 30 days from invoice
Fax to: 813-985-4499

Date Shipped: _____

(To be filled in by Westcoast Brace & Limb)

Westcoast QuickLite Cover Pricing

All covers are made to order

B/K Cover	\$130.00
B/K Split Cover	\$146.00
Split Cover For Re-Flex VSP® Lateral	\$146.00
A/K Discontinuous Cover	\$135.00



5311 E. Fletcher Ave. Tampa, FL 33617
 1-888-552-2555 or 813-985-5000
www.wcbl.com/quicklite

Restoring Bodies, Rebuilding Lives