

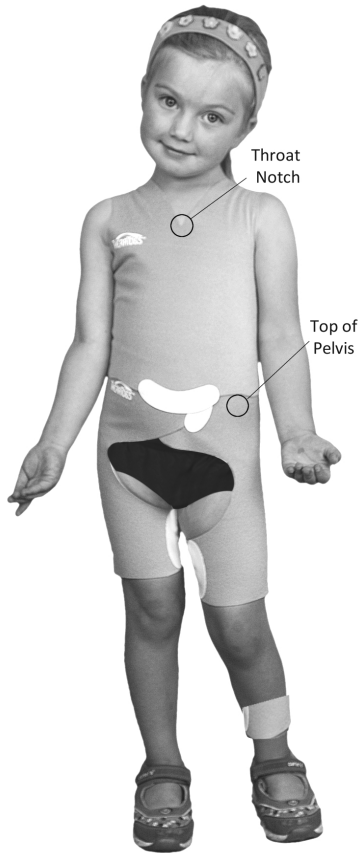


# TheraTogs 2017 Replacement Parts Order

Fax: (877) 202-5965

Email: [parts@theratogs.com](mailto:parts@theratogs.com)

**Note:** All replacement parts come complete with matching hook tabs



## TANK TOP [Front | Back | Both]    How many? \_\_\_\_\_

Next size up, please...

Use these measurements:

**Girth**

(measure around the whole body at the navel)

\_\_\_\_\_

**Torso**

(measure from the throat notch to the navel)

\_\_\_\_\_

## HIPSTER    How many? \_\_\_\_\_

Next size up, please...

Use these measurements:

**Waist** (measure at top of pelvis)

\_\_\_\_\_

**Length** (measure from top of pelvis to knee)

\_\_\_\_\_

## LIMB CUFFS [pairs only]    How many pair? \_\_\_\_\_

Next size up, please...

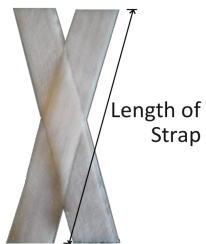
Use this measurement:

**Calf Circumference**

(measure approx. 4" above the ankle bone)

\_\_\_\_\_

## CROSS STRAPS



**Length Needed (in.)**

(Measure strap as shown, add more length as required)

\_\_\_\_\_

How many pair? \_\_\_\_\_

## STRAIGHT STRAPS

**Length Needed**

\_\_\_\_\_

How many? \_\_\_\_\_

## INSTRUCTIONS

1. Check the box of any components that you want to order and indicate the number ordered at right.
2. Indicate measurements where required.
3. Fill in the model number of your current system and your proof-of-purchase information:

TheraTogs Model Number - OR -  
Width of TankTop front at its widest point \_\_\_\_\_

Proof of Purchase\* \_\_\_\_\_

4. Include your contact info so we can send you the Parts Quotation for your approval.

Your Fax or email

Your Name

Address

City, State Zip

5. Fax this form to (877) 202-5965 or email it to [parts@theratogs.com](mailto:parts@theratogs.com).

**\*Proof of Purchase:** Invoice or Packing Slip number; Product Registration code, or Product Lot Code. See reverse side for further details.

## Step One: Caregiver or Clinician

1. Make sure you know the size and model number or model name of the TheraTogs system you ordered. (Download or view the TheraTogs Product List if you need a reminder of our model numbers and names.)
2. Replacement parts are only sold to existing customers, so gather up sufficient proof-of-purchase for your order. Any one of these will do:
  - TheraTogs Invoice or Packing Slip number
  - Product Registration code from the registration card that was included in your system.
  - Product Lot Code from one of the garments in your system. To determine the Lot Code, hold the front of the TankTop or Hipster up to the light and look below or near the TheraTogs logo. You'll see the GoldTone logo printed in gold ink; the lot code is the six- to eight-digit code printed below. (It's easier to see with the light behind it.)
3. Download and fill out the Replacement Parts Order form:
  - Circle the names of all the components that you want to order, and indicate quantities and measurements where required.
  - Fill in the model number of your current system and your proof-of-purchase information.
  - Include your fax number or email so we can send you the Parts Quotation for your approval.
  - Fax the form to (877) 202-5965 or email it to [parts@theratogs.com](mailto:parts@theratogs.com).
4. Be sure to include a return fax number or email address! **Your order will not ship** without your signed approval and payment.

## Step Two: TheraTogs Customer Support

1. Customer Support will compare your request with the product configurations and send you a Parts Quotation within one business week. The Parts Quotation lists the costs of all the parts you ordered, so that you can determine the cost and content of your final order.
2. We'll also include a (voluntary) outcomes data survey that allows the caregiver or clinician to report – anonymously, of course – any key improvements or outcomes that you've seen while wearing the TheraTogs system. This data really helps us with research and reimbursement requirements, so we offer a 5% discount on your parts order if you return the form (whether the data is positive or not, of course).

## Step Three: Caregiver or Clinician

1. Review the Parts Quotation and mark all the parts you want to order.
2. Total the cost of parts you have selected in the space provided.
3. Include your Outcomes Data form to get the 5% discount.
4. Enter the Visa/Mastercard and billing address information, and fax or email the completed Parts Quotation form back to us. – OR – Attach a check and mail to us at the address provided.
5. Once your order authorization and payment have been received, your parts will NORMALLY be shipped within five business days.