

# GENESEE GEL SLEEVE AND ROLL-ON ORDER FORM



## BILLING AND SHIPPING INFO

TO AVOID SHIPPING DELAYS, PLEASE COMPLETE EVERY SECTION

CUSTOMER #

P.O. #

DATE

### BILLING

FACILITY/ATTN:

ADDRESS

CITY

STATE/ZIP

PHONE

FAX

CARRIER\* ☐ UPS ☐ OTHER

\*ORDERS SHIP UPS GROUND ON THE FOLLOWING DAY UNLESS SPECIFIED

### SHIPPING (LEAVE BLANK IF SAME AS BILLING)

FACILITY/ATTN

ADDRESS

CITY

STATE/ZIP

PHONE

FAX

DATE REQUIRED

TIME

☐ AM ☐ PM

EMAIL

## PATIENT INFORMATION

PROSTHETIST (NAME, TITLE)

REQUISITIONER

PATIENT (FIRST, LAST)

## HOW TO ORDER

Use the charts to insert the codes into the boxes to create the part number. Be sure to check the size restrictions chart to verify your size is available.

## GENESEE GEL SUSPENSION SLEEVE

one per pack



GSS

SIZE

1 - 5

COLOR

G OR T

PROXIMAL CIRCUMFERENCE	DISTAL CIRCUMFERENCE	SIZE
9-13 in	8-12 in	1
11-15 in	10-14 in	2
14-20 in	12-16 in	3
16-22 in	13-19 in	4
17-24 in	15-20 in	5

COLOR	
Gray	G
Tan	T

## GENESEE GEL ROLL-ON

two per pack



GRO

SIZE

N,M,W

Size	
7.25 in	(N)arrow
8.5 in	(M)edium
9.25 in	(W)ide

ALL SIZES ARE APPROXIMATE. MEASUREMENT RANGES ARE RELAXED TO FULLY STRETCHED.

EMAIL COMPLETED ORDERS TO: [orders@college-park.com](mailto:orders@college-park.com)

### RETURN POLICY

Unopened Gel Sleeves and Roll-Ons may be returned within 90 days of purchase. A Return Authorization is required for all returns. Please feel free to contact Customer Service with any questions or concerns. Details and warranty information are available at: [www.college-park.com/warranty](http://www.college-park.com/warranty)



college park

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