

**ORDER THE PECTUS BRACE**

**BRACEWORKS CUSTOM ORTHOTICS INC.**  
 3500-24 Av NW, Suite 1  
 Calgary, Alberta Canada T2N 4V5

**INFO@BRACEWORKS.CA**  
 403-240-9100 PHONE  
 403-217-4687 FAX

**PHYSICIAN CONTACT INFO – SHIP TO**

PHYSICIAN NAME

DEPARTMENT

HOSPITAL OR CLINIC

ADDRESS

CITY PROVINCE / STATE ZIP / POSTAL CODE

COUNTRY PHONE FAX

EMAIL

**PATIENT CONTACT INFO – CUSTOM MADE FOR**

PATIENT NAME

PARENT OR GUARDIAN NAME

ADDRESS

CITY PROVINCE / STATE ZIP / POSTAL CODE

COUNTRY PHONE FAX

EMAIL

**PAYMENT IS DUE WITH ORDER**

PURCHASE PRICE INCLUDES SHIPPING

PURCHASE OUTSIDE ALBERTA \$ 1325 CAD

PURCHASE OUTSIDE CANADA \$ 1425 USD

**PAYMENT METHOD** MASTERCARD  VISA

CREDIT CARD NUMBER EXPIRY DATE MM-YY SECURITY CODE

CARDHOLDER NAME

 I have read and agree to the terms of service

BILLING ADDRESS

SIGNATURE DATE

CITY PROVINCE / STATE ZIP / POSTAL CODE

**TERMS OF SERVICE FOR THE PECTUS BRACE**

**PURCHASE OF THE FIT KIT AND THE BRACEWORKS PECTUS BRACE GRANTS THE PURCHASER A NON-EXCLUSIVE END USER LICENSE.** Purchase is subject to the Fit Kit terms and conditions of use. Braceworks reserves the right to accept or refuse any order at its own discretion.

**THIRD PARTY CHARGES.** Tax, insurance, brokerage, or any other third party fees are the responsibility of the Purchaser.

**BRACEWORKS WARRANTS THAT BRACES ARE MANUFACTURED IN A GOOD AND WORKMANLIKE MANNER IN ACCORDANCE WITH THE PRESCRIPTION AND MEASUREMENTS PROVIDED TO US.** Other than specifically set forth here, Braceworks makes no other representations or warranty, including without limiting any warranty of merchantability, fitness for a particular purpose and non-infringement of any rights. Without limiting the foregoing, Braceworks makes no representation or warranty that the Pectus Brace will be effective in treating the Patient's condition and such assessment shall be the sole responsibility of the purchaser.

**REMEDY**  
 Purchasers must advise Braceworks of any non-conformance of the Pectus Brace within three business days from the date of delivery of the Pectus Brace to the attending medical professional. Lack of notice of non-conformance to Braceworks within three business days shall be deemed as full acceptance of the Pectus Brace.

The Purchaser's sole and exclusive remedy shall be to permit Braceworks to correct such non-conformity within 30 business days of returning the non-conforming Pectus Brace to Braceworks. Failure to permit Braceworks to correct shall only entitle the purchaser to a refund of monies paid to Braceworks for such non-compliant Pectus Brace.

In no event shall Braceworks be held liable for any special, consequential, indirect, incidental or exemplary damages and to the extent permitted by law, the Purchaser hereby waives any and all statutory remedies that may be available in connection with the Fit Kit or the Pectus Brace.

**ORDER FORM CHECKLIST**

**PLEASE ENSURE ACCURACY FOR PROMPT DELIVERY. REMEMBER TO INCLUDE THESE ITEMS WITH YOUR ORDER**

- A copy of the prescription for the Pectus Brace
- The Fit Kit measurement details
- Digital photos, [patient torso, frontal and sagittal perspectives – highlighting the apex of the PC relative to the centre line of the sternum and noting the thoracic level of the apex of the ridge]

Contact Braceworks with questions before ordering.  
 Call 403-240-9100 or email [info@braceworks.ca](mailto:info@braceworks.ca)