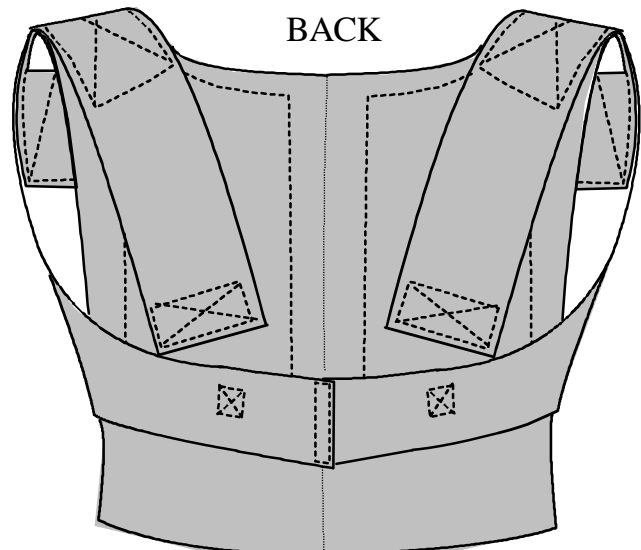
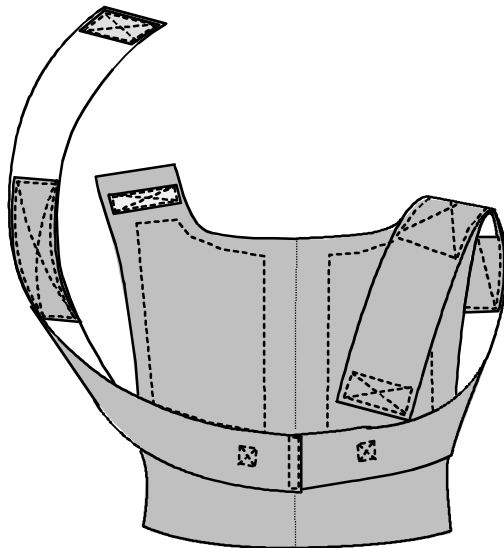
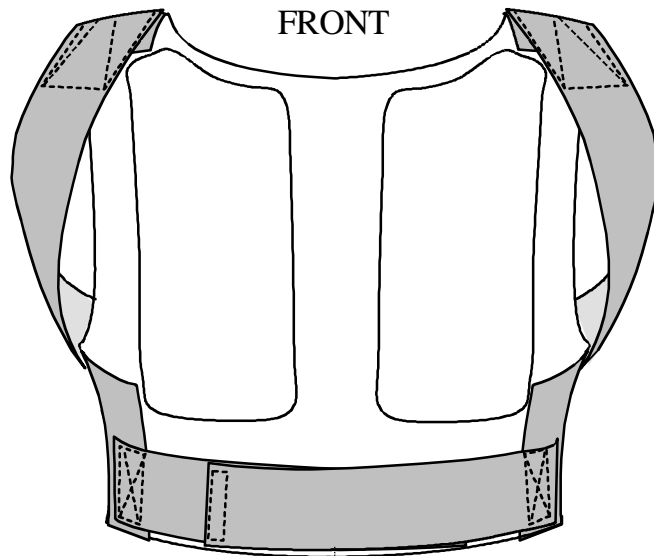


# The Ark Bi-Lateral Scapular Stabilizer



## Fabric Content:

Loop Surface: 100% Nylon

Neoprene: 100% Chloroprene Rubber

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## Therapeutic Application :

- Provide scapular support and postural alignment.

## Care Instructions:

Wash the brace separately by hand with a non-residue soap. For active children and sports participants, daily wipe down is strongly recommended. It is mandatory to keep the brace clean and free of body oils for it to function properly.

**DO NOT PUT THE BRACE IN THE DRYER.** Hang to dry

## Function:

- Assist with active reach through scapular support.

## Sizes:

- Infants: (see size chart)
- Pre-School: (see size chart)
- Children: (see size chart)
- Pre-teen: (see size chart)
- Adults: (see size chart)

**\*In order to avoid potential injury due to the misuse of this brace, parents/clients understand and agree that the brace should only be applied after receiving the proper training for the use of this product from their physician/therapist.**



## SIZING /PRICING/COLOR CHART

### INFANTS

AGE	SIZE	ITEM #	CHEST	WEIGHT	HEIGHT	PRICE
3-6 MONTHS	XS	I-101	UP TO 15"	10 TO 15 LBS	17 TO 24"	<i>\$150.00</i>
6-12 MONTHS	S	I-102	15 TO 17"	15 TO 18 LBS	25 TO 28"	<i>\$150.00</i>
12-18 MONTHS	M	I-103	17 TO 19"	18 TO 24 LBS	29 TO 32"	<i>\$150.00</i>
18-24 MONTHS	L	I-104	19 TO 21"	24 TO 28 LBS	33 TO 34"	<i>\$150.00</i>

### PRE-SCHOOL

AGE	SIZE	ITEM #	CHEST	WEIGHT	HEIGHT	PRICE
2 - 3YRS	T	P-201	21 TO 23 ½"	28 TO 38 LBS	34 TO 37 "	<i>\$175.00</i>
4 - 5 YRS	XS	P-202	23 ½ TO 25"	38 TO 48 LBS	37 TO 43"	<i>\$175.00</i>

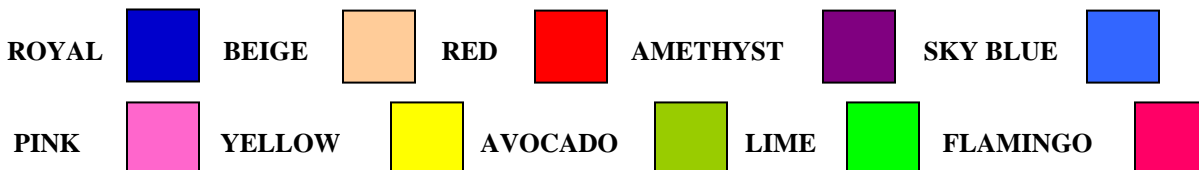
### CHILDREN

AGE	SIZE	ITEM #	CHEST	WEIGHT	HEIGHT	PRICE
6 - 7YRS	S	C-301	25 TO 26 ½"	48 TO 57 LBS	43 TO 50"	<i>\$200.00</i>
8 - 9 YRS	M	C-302	26 ½ TO 27 ½"	57 TO 70 LBS	50 TO 55"	<i>\$200.00</i>

### PRE-TEENS TO ADULTS

AGE	SIZE	ITEM #		PRICE
10 - 14YRS	L - XL	T-401	See the "Ordering Process Semi-Custom" for ordering details.	<i>\$225.00</i>
14 - ADULTS	S - XL	A-501	See the "Ordering Process Semi-Custom" for ordering details	<i>\$250.00</i>

### COLORS (See actual color card for accurate color shades)



### FABRIC (See fabric charts for fabric samples)

#### UBL/PERFORATED NEOPRENE 3.6MM

In order to avoid potential injury due to the misuse of this brace, parents/clients understand and agree that the brace should only be applied after receiving the proper training for the use of this product from their physician/therapist. ***Prices are subject to change without prior notice.***



## THE ARK P.C.B. ORDERING FORM

*In order to avoid potential injury due to the misuse of this brace, Parents/Clients understand and agree that the brace should only be applied after receiving the proper training for the use of this product from their physician/therapist.*

Client's Last Name	First Name	Middle Initial	Birthday	Sex	Age	Home Phone
Address		City	State	Zip Code		Cell Phone
Preferred E-mail Address						Fax #
Diagnosis AND Diagnosis Codes (include relevant detail)						
Client's/Spouses Names			Parent's/Spouses Work Address			Work Phone
Client's Therapist ( __PT or __OT )			Therapist's Address			Therapist's Contact Information: PH#: _____ FAX: _____ E-Mail: _____
Client's Doctor			Doctor's Address			Doctor's Phone

### SELECTIONS

BI-LATERAL SCAPULAR STABILIZER HCPC-L-0454	SIZE	ITEM #	COLOR	FABRIC	# OF UNITS	TOTAL
All orders must be paid in full, prior to delivery. Make payments payable to <b>"The Cofre Group Inc."</b> and send to the address outlined at the top left of the page. We accept personal checks, cashiers checks and money order ONLY. There will be a \$30.00 charge for return checks. Prices are subject to change without prior notice. <i>All Braces are custom ordered and are non-refundable.</i> We are sorry, but we do not process insurance claims. <b>WE APPRECIATE YOUR BUSINESS!</b>					SUBTOTAL	
					SHIPPING/HANDLING ADD 10% OF SUBTOTAL	
					1.75% TAX IL. RES. ONLY	
					ORDER TOTAL	

**SHIP TO:**

NAME: \_\_\_\_\_ PT / OT / MD / ORTHOTIST / OTHER  
 FACILITY: \_\_\_\_\_  
 DEPARTMENT: \_\_\_\_\_  
 STREET: \_\_\_\_\_  
 CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**TO BE COMPLETED BY THE ARK P.C.B.**

ORDER # \_\_\_\_\_

MEASURED BY: \_\_\_\_\_ DATE MEASUREMENTS RECEIVED: \_\_\_\_\_  
 PRESCRIPTION RECEIVED: \_\_\_\_\_ PAYMENT RECEIVED: \_\_\_\_\_ PAYMENT METHOD: \_\_\_\_\_  
 ORDERED BY: \_\_\_\_\_ DATE ORDERED: \_\_\_\_\_  
 ORDER RECEIVED \_\_\_\_\_ METHOD RECEIVED: MAIL \_\_\_\_\_ FAX \_\_\_\_\_  
 ORDER SHIPPED: \_\_\_\_\_ SHIPPING METHOD: \_\_\_\_\_

# The Ark™ Pediatric Compression Bracing

P.O. Box 5224, Buffalo Grove, IL 60089-5224  
Phone: 847.921.0899 Fax: 847.550.0447  
Website: www.ArkPCB.com

## ORDERING PROCESS FOR THE ARK BI-LATERAL SCAPULAR BRACE

***In order to avoid potential injury due to the misuse of this brace, Parents/Clients understand and agree that the brace should only be applied after receiving the proper training for the use of this product from their physician/therapist.***

### I. INITIAL INFORMATION

This process is for infants 3 months of age to children 9 years old. Please follow the “Semi-Custom Ordering Process” for children 10 years of age to adults.

Clients must contact their insurance company to resolve any pre-certification issues, coverage and pre-approval requirements.

**The Ark P.C.B. does not process insurance claims for this particular brace.**

A written prescription from the client’s Surgeon/Specialist is required (Include specific brace name/s).

*NOTE: The prescription must be mailed or faxed to The Ark Pediatric Compression Bracing along with the ordering form.*

Verbal confirmation that the client has an established therapist and attends therapy on a weekly basis is required.

### II. ORDERING FORM

The Sizing/Pricing/Color Chart should be referenced to complete the ordering form. The Ark will e-mail, fax or mail an ordering form to be completed and returned by fax or mail only (due to the sensitive nature of information requested). The ordering form can also be attained through your therapist.

The order form must be completed and returned with a personal check, money order, or certified check in the full amount prior to delivery of brace.

The Ark Wrapping Instructions are sent to Clients/Parents and Therapist to review the application of the brace prior to delivery of the brace.

### III. DELIVERY OF BRACE

The finished brace will be shipped directly to the Therapist along with the necessary documentation. Please be aware we **do not** ship braces directly to our clients.

**All correspondences should be sent to Attention: Ruth P. Cofre-Carlson**



I have set my rainbow in the clouds and it will be the sign of the covenant between me and the earth.

Genesis 9:13

# The Ark™ Pediatric Compression Bracing

P.O. Box 5224, Buffalo Grove, IL 60089-5224  
Phone: 847.921.0899 Fax: 847.550.0447  
Website: www.ArkPCB.com

## **SEMI-CUSTOM ORDERING PROCESS FOR THE ARK BI-LATERAL SCAPULAR BRACE**

***In order to avoid potential injury due to the misuse of this brace, Parents/Clients understand and agree that the brace should only be applied after receiving the proper training for the use of this product from their physician/therapist.***

### **I. INITIAL INFORMATION**

This process is only for children 10 year of age to adults. Please see the “Ordering Process for The Ark Bi-Lateral Brace” for infants 3 months to children 9 years of age.

Clients must contact their insurance company to resolve any pre-certification issues, coverage and pre-approval requirements.

**The Ark P.C.B. does not process insurance claims for this particular brace.**

A written prescription from the client’s Surgeon/Specialist is required (Include specific brace name/s).

*NOTE: The prescription must to be mailed or faxed to The Ark Pediatric Compression Bracing along with the ordering form.*

Verbal confirmation that the client has an established therapist and attends therapy on a weekly basis is required.

### **II. ORDERING FORM**

The Ark will e-mail, fax or mail an ordering form to be completed and returned by fax or mail (due to the sensitive nature of information requested)

The order form must be completed and returned with a personal check, money order, or certified check in the full amount prior to start of the custom brace.

### **III. BRACE DEVELOPMENT**

Upon receipt of the completed order form and payment The Ark How-to-Measure will be e-mailed, faxed or mailed to the therapist for the scheduling of a measuring session.

The measuring form must be completed and returned by fax or mail.

The Ark Wrapping Instructions are sent to Clients/Parents and Therapist to review the application of the brace prior to delivery of the brace.

### **IV. PREPARATION FOR DELIVERY OF BRACE**

The Brace Accommodation Guidelines are sent to Clients/Parent and Therapist.

### **V. DELIVERY OF BRACE**

Delivery of brace will be shipped approximately two weeks from receipt of measurements and sent to the Therapist along with the necessary documentation.

**All correspondences should be sent to Attention: Ruth P. Cofre-Carlson**



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Genesis 9:13