

Account Contact Information

Name: _____ Email: _____ Phone: _____

Billing and Shipping

PO# _____ Billing Account #: _____ Shipping Account #: _____

Shipping Preference

Ground

Next Day A.M.

Next Day P.M.

2-Day A.M.

2-Day P.M.

Billing Address: _____ Shipping Address: _____

City: _____ City: _____

State _____ Zip _____ State: _____ Zip: _____

(If no preference is indicated, this order will be shipped 2 Day P.M.) Note: We do not ship products directly to patients.

Patient Information

Fit Date: _____

Patient's Last Name: _____

Patient's First Name: _____

Arm: Left Right

Casting Protocol

The cast should be taken with the arm in a natural hanging position at the side of the body, which places the elbow in about 25 degrees of flexion. The forearm should be parallel to the side of the leg. The cast should extend from just proximal to the wrist up to the arm pit — or at least 6 inches above and below the elbow joint. The cutting strip should run down the anterior of the arm through the cubital fold. The following landmarks should be outlined with an indelible pencil: Olecranon, medial and lateral Humeral Epicondyles, Cubital Fold and proximal and distal margins of the brace.

Measurements

What is the measurement from the elbow crease to ulnar styloid? _____ inches

What is the measurement from the ulnar styloid to palmar crease? _____ inches

Humeral length _____ Radial length _____

Options

Shell Color

- Clear Graphite
- Gray
- Burgundy
- (Black)
- Red
- Royal Blue
- Black
- Navy Blue
- Beige
- Green

Extension/Flexion Stops

- Send Extension/Flexion Stop Kit
- Set Extension Stops:
 - 0
 - 15
 - 30
 - 45
- Set Flexion Stops:
 - 90
 - 110
 - 120

Would you like the brace fabricated with an adjustable/removable extension bar and hand grip?

- Yes
- No *(No additional charge for this option)*

Special Instructions: _____

