



In addition to this form please **fax**; demographics, insurance information, therapy/MD notes and script to: \_\_\_\_\_  
Sale Consultant Name & Fax or Email

**Patient Information:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Preferred Patient Contact Number: \_\_\_\_\_ Height & Weight: \_\_\_\_\_ / \_\_\_\_\_

**Clinician Information:**

Clinic Name: \_\_\_\_\_ Clinician: \_\_\_\_\_ Clinic Number: \_\_\_\_\_

**Preferred Clinician Contact Method:**

Cell / Text: \_\_\_\_\_

Email: \_\_\_\_\_

WHFO **\*\* Please indicate glove size below**  Wrist *\*Please provide all measurements in this section*

\_\_\_\_\_ Mid-Forearm Circumference

\_\_\_\_\_ Circumference 1" Proximal to Ulnar Head

\_\_\_\_\_ Width of Hand at MP Joint

\_\_\_\_\_ Length Mid Elbow Crease to Mid Wrist Crease

**\*\*Small Glove**  **\*\*Medium Glove**  **\*\*Large Glove**

Please check if requesting Neuro Hand Plate for Wrist device only

Left  Right  Bilateral *\*Please provide all measurements in inches*

Elbow  Pro/Sup  ESP *\*Please provide all the following measurements*  
 **Elbow Anterior Knob**  **ESP Anterior Knob**

\_\_\_\_\_ Bicep Circumference at Largest Part

\_\_\_\_\_ Mid-Forearm Circumference

\_\_\_\_\_ Circumference at Wrist Crease

\_\_\_\_\_ Width of Hand at MP Joints

\_\_\_\_\_ Length from Axilla to Elbow Crease

\_\_\_\_\_ Length from Elbow Crease to Wrist Crease

Knee *\*Please provide all measurements in this section*

\_\_\_\_\_ Inguinal Crease to Medial Joint of Knee

\_\_\_\_\_ Popliteal Fossa to PSIS  **Check this box for no gluteal extension**

\_\_\_\_\_ Thigh Circumference at Widest Part

\_\_\_\_\_ Lateral Joint of Knee to Lateral Malleoli

\_\_\_\_\_ Calf Circumference at Widest Part

\_\_\_\_\_ Circumference 1" Proximal to Malleoli

Devices Listed Below Require No Measurements

PIP Splint (**Please Indicate**)  Extension  Flexion

Stat-A-Dyne Shoulder (Ambulatory Model)

Stat-A-Dyne Shoulder (Chair Model)

Vector1 Hand CPM (Please indicate V1 glove size below)

**Small Glove**  **Medium Glove**  **Large Glove**

**\*Internal Use Only:**

OTS  Custom

PO # or Name:

**Notes:**

DISCLAIMER – Unlike off-the-shelf cuffs that are prefabricated by referencing standard sizes, custom cuffs are fabricated to the exact measurements on this form (+/- 0.25 inches). Due to the specificity required for each custom fabricated cuff state regulations and insurance coverage criteria varies significantly. The purchaser of the custom fabricated cuff is responsible to identify and comply with state regulations and insurance coverage requirements prior to ordering the custom item. Lantz Medical does not provide specific guidance regarding coding, billing, or insurance coverage for custom fabricated cuffs and is not responsible for non-coverage of these items. Lantz Medical is not responsible for lack of insurance benefits or coverage and will not accept a return or issue a refund for a custom cuff due to the lack of insurance coverage.