THUASNE

ROM OTS Products

Patient Information:

Name: _____

Clinic Contact: _____

PO# or Order Name:

In addition to this form please fax; demographics, insurance information, therapy/MD notes and script to:

_____

Notes: _____

_____

_____

Hand | Wrist | Finger

Vector 2 Hand CPM

☐ Left ☐ Right ☐ Bilateral

Stat-A-Dyne™ WHFO

☐ Left ☐ Right ☐ Bilateral

Glove for Vector 2 or WHFO

☐ SM ☐ MD ☐ LG

Stat-A-Dyne™ Wrist

☐ Left ☐ Right ☐ Bilateral

Dynamic PIP Extension

☐ Left ☐ Right ☐ Bilateral

Dynamic PIP Flexion

☐ Left ☐ Right ☐ Bilateral

Shoulder | Elbow | Forearm

Stat-A-Dyne™ Shoulder

☐ Left ☐ Right ☐ Bilateral

Stat-A-Dyne™ Elbow

☐ Left ☐ Right ☐ Bilateral

Stat-A-Dyne™ ProSup

☐ Left ☐ Right ☐ Bilateral

Stat-A-Dyne™ ESP

☐ Left ☐ Right ☐ Bilateral

Knee | Ankle

Stat-A-Dyne™ Knee

☐ Left ☐ Right ☐ Bilateral

Stat-A-Dyne™ Ankle

☐ Left ☐ Right ☐ Bilateral

Scan here for more information about all our products

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LANTZ MEDICAL
Motion For Life