

### Contact Information

Clinician    Fitter/Assistant/Tech    Other: \_\_\_\_\_

Name: \_\_\_\_\_

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

### Ordering Clinician

CPO    CO    CP    Other: \_\_\_\_\_

Name: \_\_\_\_\_

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

### Billing & Shipping

PO#:

Billing Account#: \_\_\_\_\_

Shipping Account#: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Shipping Preference

Ground    Next Day AM    Next Day PM    2-Day AM    2-Day PM

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

### Patient Information

Fit Date: \_\_\_\_\_ Patient ID: \_\_\_\_\_

Leg:    Left    Right

**Please Follow Step-By-Step Cast Protocol Instructions**

### 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? \_\_\_\_\_"

What is the measurement from the ulnar styloid to palmar crease? \_\_\_\_\_"

Humeral length \_\_\_\_\_      Radial length \_\_\_\_\_

### Hinge Options U0055

#### Extension/Flexion Stops

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?** *(No additional charge for this option)*

Yes       No

### Fabric Inlay

<input type="checkbox"/> Black	<input type="checkbox"/> Royal Blue	<input type="checkbox"/> Sheer Teal*
<input type="checkbox"/> Beige	<input type="checkbox"/> Green	<input type="checkbox"/> Sheer Purple*
<input type="checkbox"/> Gray	<input type="checkbox"/> Burgundy	<input type="checkbox"/> US Flag Fabric*
<input type="checkbox"/> Red	<input type="checkbox"/> Clear Graphite	<input type="checkbox"/> Fabric
<input type="checkbox"/> Navy Blue	<input type="checkbox"/> Sheer Red*	<i>1 yard from patient*</i>

**Special Instructions:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*Indicates additional charges apply

OF-040 REV B

Received Date Thuasne USA's shipping department use only