

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.

Quantity	Size	Elbow Circumference
_____	SM	9 ¾ – 11 ¼"
_____	MD	11 ¼ – 12 ¾"
_____	LG	12 ¾ – 14 ¼"
_____	XL	+ 14 ¼"



If a patient has more soft tissue, recommendation is sizing down if they are within .25" – .5" of the lower end of the circumference measurement.

Special Instructions: _____

*** Elbow circumference is best taken in full extension at the medial epicondyle.**

*Indicates additional charges apply

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Received Date *Thuasne USA's shipping department use only*