

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: _____

For all Wrist and Thumb supports, please reference the catalog or website for specific sizing and description of each of the products listed on the order form.

Manurhizo Junior Product Code 263002		
Size	Hand	Quantity
<input type="checkbox"/> 1	Left	
<input type="checkbox"/> 1	Right	

Manuimmo Junior Product Code 263502		
Size	Hand	Quantity
<input type="checkbox"/> 1	Left	
<input type="checkbox"/> 1	Right	

Ligaflex Classic Open Product Code 243702		
Size	Hand	Quantity
<input type="checkbox"/> 1	Universal	
<input type="checkbox"/> 2	Universal	

Ligaflex Pro Product Code 243302		
Size	Hand	Quantity
<input type="checkbox"/> 1	Universal	
<input type="checkbox"/> 2	Universal	

Ligaflex Immo Product Code 708002		
Size	Hand	Quantity
<input type="checkbox"/> 1	Left	
<input type="checkbox"/> 2	Left	
<input type="checkbox"/> 3	Left	
<input type="checkbox"/> 4	Left	
<input type="checkbox"/> 1	Right	
<input type="checkbox"/> 2	Right	
<input type="checkbox"/> 3	Right	
<input type="checkbox"/> 4	Right	

Ligaflex Manu Product Code 243002		
Size	Hand	Quantity
<input type="checkbox"/> 1	Left	
<input type="checkbox"/> 2	Left	
<input type="checkbox"/> 3	Left	
<input type="checkbox"/> 4	Left	
<input type="checkbox"/> 1	Right	
<input type="checkbox"/> 2	Right	
<input type="checkbox"/> 3	Right	
<input type="checkbox"/> 4	Right	

Ligaflex Pro+ Product Code 243402		
Size	Hand	Quantity
<input type="checkbox"/> 1	Left	
<input type="checkbox"/> 2	Left	
<input type="checkbox"/> 3	Left	
<input type="checkbox"/> 4	Left	
<input type="checkbox"/> 1	Right	
<input type="checkbox"/> 2	Right	
<input type="checkbox"/> 3	Right	
<input type="checkbox"/> 4	Right	

Ligaflex Action Product Code 243602		
Size	Hand	Quantity
<input type="checkbox"/> 1	Left	
<input type="checkbox"/> 2	Left	
<input type="checkbox"/> 3	Left	
<input type="checkbox"/> 4	Left	
<input type="checkbox"/> 5	Left	
<input type="checkbox"/> 6	Left	
<input type="checkbox"/> 1	Right	
<input type="checkbox"/> 2	Right	
<input type="checkbox"/> 3	Right	
<input type="checkbox"/> 4	Right	
<input type="checkbox"/> 5	Right	
<input type="checkbox"/> 6	Right	

Ligaflex Boxer		
Size	Hand	Quantity
<input type="checkbox"/> 1	Left	
<input type="checkbox"/> 2	Left	
<input type="checkbox"/> 3	Left	
<input type="checkbox"/> 4	Left	
<input type="checkbox"/> 1	Right	
<input type="checkbox"/> 2	Right	
<input type="checkbox"/> 3	Right	
<input type="checkbox"/> 4	Right	

Ligaflex Finger		
Size	Hand	Quantity
<input type="checkbox"/> 1	Universal	
<input type="checkbox"/> 2	Universal	
<input type="checkbox"/> 3	Universal	
<input type="checkbox"/> 4	Universal	

Ligaflex Rhizo Product Code 709002		
Size	Hand	Quantity
<input type="checkbox"/> 1	Left	
<input type="checkbox"/> 2	Left	
<input type="checkbox"/> 1	Right	
<input type="checkbox"/> 2	Right	

Dynastab Dual Product Code 704002		
Size	Hand	Quantity
<input type="checkbox"/> 1	Universal	
<input type="checkbox"/> 2	Universal	
<input type="checkbox"/> 3	Universal	

Replacement of the product or compromised components will be provided for material defects, fabrication errors or unnatural wear to the hinges, straps or sleeve within the first six months

*Indicates additional charges apply

OF-053 REV. C

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