

DATE _____

BILL TO:
Name _____
Account# _____ PO# _____
Contact Name _____
E-Mail _____
Phone _____ Fax _____
Address _____
City _____ State _____ Zip _____

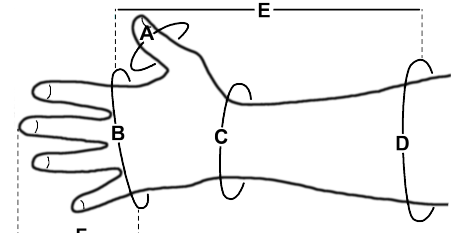
SHIP TO: Same as BILL TO
Name _____
Phone _____
Address _____
City _____ State _____ Zip _____

PATIENT:
Name _____
Age* _____ Height _____ Weight _____
**Age is significant indicator of proper sizing*

PRODUCT:
Item No. _____ Hand: Left Right Pair
Color: 1st Choice _____ 2nd Choice _____
 Ventilated Material (Note: Thermoplastic is not breathable.)

SIZING: (Measure Dorsal Side of Hand)
Provide complete measurements to the nearest 1/8".

Circumference at:
_____ (A) Thumb IP
_____ (B) MCPs
_____ (C) Wrist
_____ (D) Desired Proximal End
_____ (E) Total Length:
Index MCP to Proximal end



(F) Volar Pan Extension Only – See Below

PEDIATRIC HAND SIZING KIT:
If using the Pediatric Hand Sizing Kit, provide measurements and the following information to achieve the best fit.
Size that best fits the thumb _____

THUMB
Thumb IP Circumference: (Give measurement (A) if checked)
 Too Tight Too Loose
Thumb Length: (Indicate alteration to the nearest 1/8")
 Too Short – Add _____
 Too Long – Subtract _____

LENGTH
 Add Proximal Length (Toward elbow)
Additional length from proximal end _____
Circumference at end _____
 Add Distal Length (Toward fingers)
Additional length from distal end _____
Circumference at end _____

OPTIONS
Velcro Closure (BD-88, BD-88M and RG-87 Only)
* Full closure required for sizes 4A and 3A
 Full (Most common, located on the ulnar side)
 Partial (Dorsal side)
 Double Locking (Also called "sandwich Velcro")

Supinator Strap
 Yes, please send typical length for this splint (attached to volar side unless otherwise specified)
 Yes, please send _____ (Specify length)

Tri-Glide Strap: (Located at the wrist)

NOTES

STAYS
Only check options not already included as standard features for selected item.

Pockets/Aluminum Stays
PALMER
 Pocket Only Pocket with Aluminum Stay
DORSAL
 Pocket Only Pocket with Aluminum Stay
ULNAR
 Pocket Only Pocket with Aluminum Stay

Thermoplastic Stays
 Standard Thumb Stay Thumb Web Space
 Thenar Support Ulnar Stay
 Dorsal Thumb Stay Palmer Panel
 Dorsal Panel
 Other (Provide diagram of coverage area – palmer & dorsal views if applicable)
 Volar Pan Extension – Length from MCP to fingertip of longest finger _____ (See (F) in diagram above)
 Removable (Volar Pan Extension)

Do not write outside the margins when faxing.

Access form online at www.benik.com/wrist-order-form

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