



11871 Silverdale Way NW, Suite 107
Silverdale, WA 98383

Custom Hand Splint Order Form

Complete and FAX TO 1-360-692-5600

OR E-MAIL TO info@benik.com

For assistance, call 1-800-442-8910 or visit www.benik.com for additional information

FROM

Medical Affiliation _____ PO# _____
Practitioner's Name _____ E-Mail _____
Phone _____ Fax _____

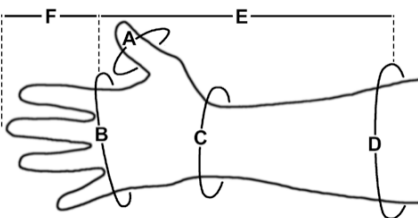
PATIENT

Name _____
Age _____ Height _____
Weight _____

SPLINT

Item No. _____ Hand: Left Right Bilateral
Material: Non-Ventilated(Standard) Ventilated
Color: 1st Choice _____ 2nd Choice _____

SIZING



Circumference at:

- _____ (A) Thumb IP
- _____ (B) MCPs
- _____ (C) Wrist
- _____ (D) Desired Proximal End
- _____ (E) Total Length (Index MCP to desired proximal end)
- _____ (F) VOLAR PAN EXTENSION ONLY – MCP to Fingertip of Longest Finger

Custom Sizing Measurements

For ALL custom-sized hand splints, provide complete measurements according to the chart to the nearest 1/8".

Pediatric Hand Sizing Kit

If using our Pediatric Hand Sizing Kit, complete the chart to the left and provide the following information to achieve the best fit:

Size that best fits the thumb _____

Thumb IP Circumference: OK Too Tight Too Loose

Thumb Length (If applicable, indicate length to be added to the nearest 1/8"):

Too Short – Add _____ Too Long – Subtract _____

OPTIONS

Velcro Closure

- Full (Most commonly ordered, located on the ulnar side)
- Partial (Runs from proximal end to wrist crease, located on the dorsal side – N/A on 4A and 3A)
- Double Locking (Also referred to as "sandwich," located on the ulnar side)
- None (Full Velcro required on sizes 4A and 3A)

Supinator Strap

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

Added Length

(Ped. Sizing Kit only)

- Proximal – Additional length desired from proximal end of splint _____
Circumference at end _____
- Distal – Additional length desired from distal end of splint _____
Circumference at end _____

Pocket

- Palmer Dorsal Other (Provide details) _____

Aluminum Stay

- Palmer Dorsal Other (Provide details) _____

Thermoplastic Stays

- Standard Thumb Stay Thumb Web Space Thenar Support
- Ulnar Stay Dorsal Thumb Stay Volar Pan Extension Palmer Panel
- Dorsal Panel Other (Provide diagram of coverage area – palmer & dorsal views if applicable)

NOTES

RESET

SEND BY E-MAIL