

Elbow Support Order Form

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 a significant indicator of proper sizing, particularly for pediatrics.
We highly recommend including age to ensure order accuracy.

PRODUCT:

Item No. _____ Size _____

Arm: ☐ Left ☐ Right ☐ Pair

Color: 1st Choice _____ 2nd Choice _____

Material: ☐ Ventilated Material

☐ Darlexx™ Diamond (Located at cubital fold)

Available on the E-200, E-201, E-202, E-203 & E-500.

CUSTOM SIZING:

Provide complete measurements to the nearest 1/8".

Place arm in full extension when measuring.

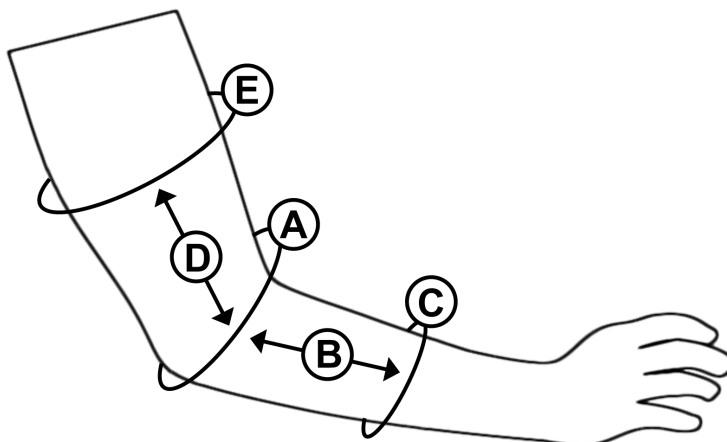
(A) _____ Circumference at elbow.

(B) _____ Using lateral side, length from elbow to desired distal end.

(C) _____ Circumference at distal end.

(D) _____ Using lateral side, length from elbow to desired proximal end.

(E) _____ Circumference at proximal end.



NOTES

Use this box to specify any options or modifications not included on this form.

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