

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:

Size _____

Arm: Left Right Pair

Color: 1st Choice _____ 2nd Choice _____

FLEXION:

A custom flexion cut is required to achieve 60° of flexion or greater – 90° max.

Built-in Flexion Cut

MOLD TO CAST:

Provide a thin fiberglass cast for Benik to pre-mold the product to during fabrication. Measurements required.

Mold to Provided Cast

CUSTOM SIZING:

Provide complete measurements to the nearest 1/8".

Place arm in full extension when measuring.

(A) _____ Circumference at elbow.

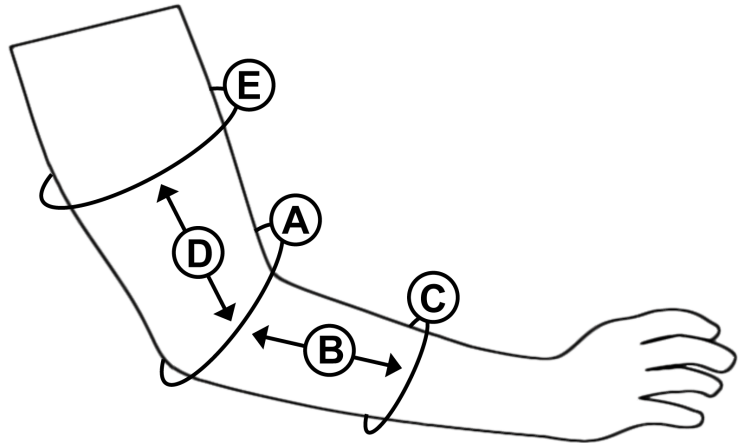
(B) _____ Using lateral side, length from elbow to desired distal end.

(C) _____ Circumference at distal end.

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

(E) _____ Circumference at proximal end.

NOTES



Access form online at www.benik.com/e600-order-form

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

Do not write outside the margins when faxing

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