

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

Index Included? Msmts. required.

Detailed Sizing Guide: www.benik.com/wrist-sizing-guide

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 _____

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

Pockets/Aluminum Stays

PALMAR
 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 Palmar Panel
 Dorsal Panel
 Other (Provide diagram of coverage area – palmer & dorsal views if applicable)
 Volar Pan Extension – Length: Index MCP to fingertip of longest finger _____ (See (F) in diagram above)
 Removable (Volar Pan Extension)

OPTIONS
Velcro Closure (BD-88, BD-88 Opt. A 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

Do not write outside the margins when faxing

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

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