

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](http://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 \_\_\_\_\_

**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)

**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)

**NOTES**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do not write outside the margins when faxing

Access form online at [www.benik.com/wrist-order-form](http://www.benik.com/wrist-order-form)

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