

**Radial Club Hand Splint Order Form****BILL TO:**Name \_\_\_\_\_  
Account# \_\_\_\_\_ PO# \_\_\_\_\_  
Contact Name \_\_\_\_\_  
E-Mail \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_**SHIP TO:**☐ Same as BILL TOName \_\_\_\_\_  
Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

DATE \_\_\_\_\_

**PATIENT:**Name \_\_\_\_\_  
Age\* \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_**PRODUCT:**Hand: ☐ Left ☐ Right ☐ Pair

Color: 1st Choice \_\_\_\_\_ 2nd Choice \_\_\_\_\_

☐ Ventilated Material (Note: Thermoplastic is not breathable.)**NOTES**Access form online at [www.benik.com/radial-club-order-form](http://www.benik.com/radial-club-order-form)**THUMB:****Cutout Hole for Thumb**☐ Yes, please include a hole for a thumb.*If yes, required:* Length from webspace to desired distal end of splint (min. 5/8") \_\_\_\_\_**Cutout Hole & Neoprene Sleeve for Thumb**☐ Yes, please include cutout hole and optional neoprene thumb sleeve.*If yes, required:* Thumb IP circumference \_\_\_\_\_

Length from webspace to desired distal end of splint (min. 5/8") \_\_\_\_\_

**Provide complete  
measurements to the  
nearest 1/8".****Take all measurements  
from dorsal side of hand**