

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.

ORIGINAL PRODUCT DETAILS:

Some components differ based on size and side of body. Please provide details to ensure ordered parts will work with existing supports.

Size S/M M/L

Hand: Left Right Bilateral

Color _____

MP Extensor Stay Components and Kit

All items include a full quantity of four (4). Select either the individual components to replace only specific parts or the combined kit.



W-700 TS
Extensor Stays (x4)



W-700 MCP
Finger Loops (x4)



W-700 TSK
Full MP Extensor
Stay Kit (x4)



W-700 DES
Digit Extensor Straps (x4)
*Distal finger placement -
included as standard on W-700
and W-710 item numbers.*



W-700 SUP
Supinator Strap
with incorporated
Thumb Strap



**W-220 Style
Thumb Strap**

Thumb IP
Circumference:

Or

**Standard Thumb
Strap Replacement**