ORTHO | INNOVATIONS
moving you in the right direction

Warranty:
The frame and Mackie hinge of your brace are covered by a one year limited warranty against defects in materials or craftsmanship soft goods are covered by a six month limited warranty.

Ortho Innovations' Custom Fabricated Wrist Order Form

Date _____ Date Needed _____ P.O. # _____

BILLING INFORMATION

Facility _____ Contact Name _____
Billing Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____

SHIPPING INFORMATION

Facility _____ Shipping Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____

SHIP VIA FEDEX

◯ Ground (FXGD)   ◯ Standard 2 Day (FX2D)   ◯ Priority (FX1D)   ◯ 1st Overnight (FX1A)   ◯ Other

PATIENT INFORMATION

Patient ID _____ Height _____ Weight _____ Age _____
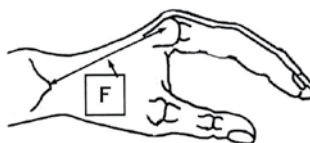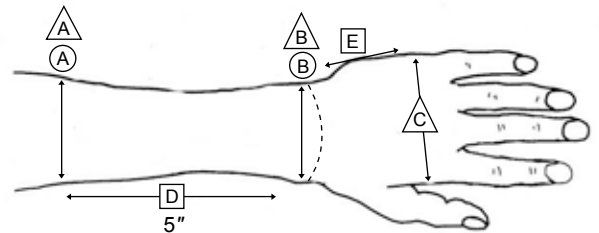Physician _____ Diagnosis _____
Special Instructions: _____
_____

Important Note: If a patient presents with excessive varus or valgus angulation at the joint or if you are concerned about another irregularity in the patient's limb shape when ordering a custom brace, the device can be built to a tracing or a cast of the patient's limb. Tracings should be taken with the tracing board in the frontal plane and by creasing the board at the joint center.

Custom Fabricated Wrist Extension Brace – *with removable knob*

How to measure for a Custom Wrist Brace:

1. Facing the patient, position the wrist and hand in maximum extension and in neutral pronation/supination.
2. All circumference, diameter, and length measurements shown are necessary to properly make the device.

Level A - Circumference and M-L at forearm band/strap location
Level B - Circumference and M-L at wrist
Level C - M-L of hand across MP joints
Level D - 5″
Level E - Distance from ulnar styloid to 5th MP joint
Level F - Distance from radial styloid to 2nd MP joint

Patient's Measurements for Custom Wrist Brace

Affected Wrist: **LEFT** or **RIGHT**

	Circumference	M-L	Distance, Length
LEVEL A	Ⓐ ___″	Ⓐ ___″	
LEVEL B	Ⓑ ___″	Ⓑ ___″	
LEVEL C	Ⓒ ___″	Ⓒ ___″	
LEVEL D			D 5″
LEVEL E			E ___″
LEVEL F			F ___″