

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

Name _____ 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

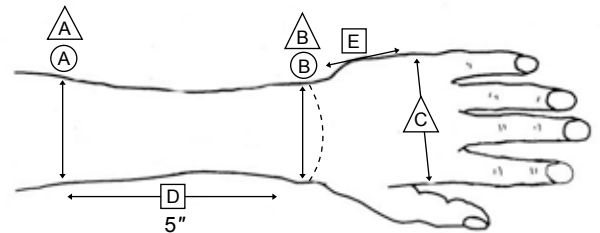
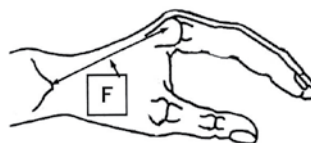
How to measure for a Custom Wrist Brace:

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			Ⓓ 5"
LEVEL E			Ⓔ "
LEVEL F			Ⓕ "