

Upper Extremity Custom Fabrication Order Form

Patient Name:

Joint Options

- Option 1 - Ratchet
- Option 2 - Step Lock
- Option 3 - Adjustable Static

Orthosis Ordered:

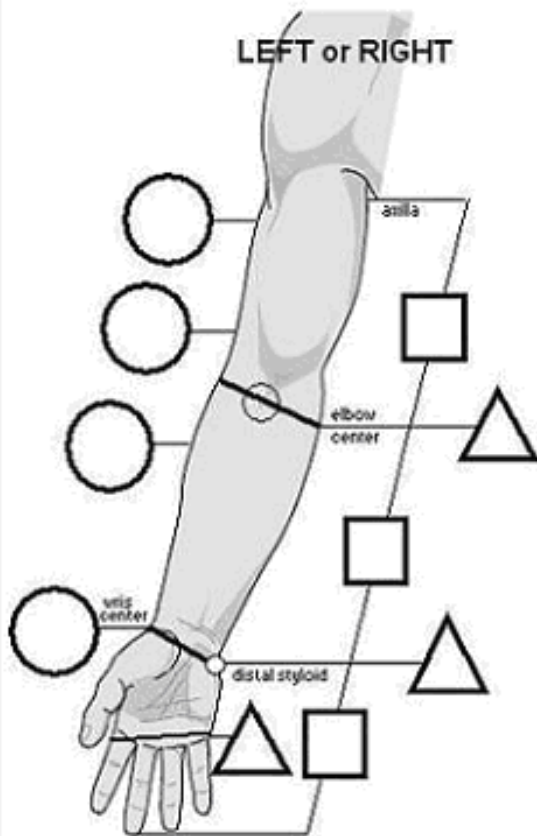
- EWHO WHO

Componentry Requirements:

- Right
- Left
- Actual tracing of hand with thumb in desired position on measurement form
- All Applicable Measurements

*please record all measurements
in centimeters*

LEFT or RIGHT



- = Circumference
- = Medial - Lateral Measurement
- = Length

Additional Componentry Option

Shoulder

- Rotation Control / Support
This option requires a measurement from the patients wrist center to their belt line when standing _____ cm
- Secure Belt Line (for Rotation Control)

Wrist

- Additional Wrist Strap

Forearm

- Padded 1/16" Liner

Hand

- Interchangeable Dome Positioning Hand Piece
- Padded Dorsal Plate
- Additional 1/4" Finger Lift

Important Notes:

- Include photos and additional tracings if possible
- Involved complications may require a casting
- Please allow up to 8 business days for fabrication
- If there are any questions regarding billing, shipping, or fabrication, please contact us

KineMedic Concepts, Inc.

Based on the concepts of the Neuro-Integrative

Functional Rehabilitation and Habilitation approach by Waleed Al-Oboudi

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