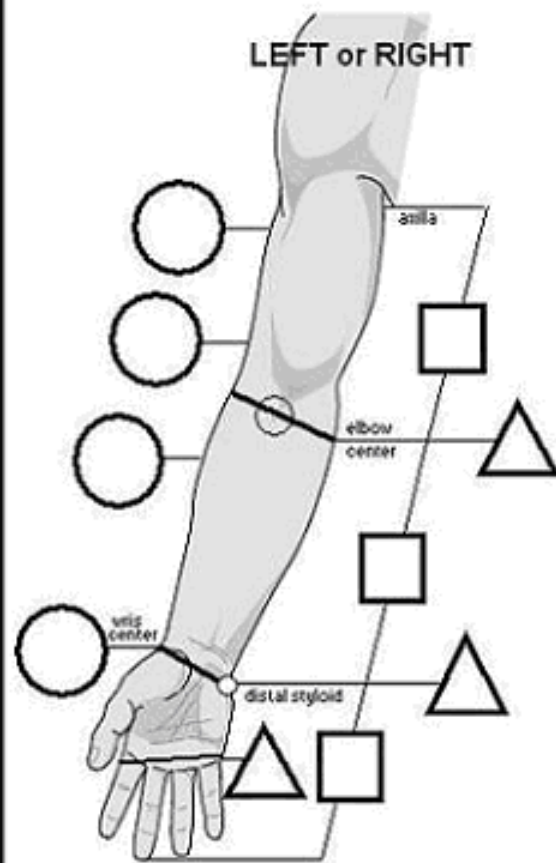


Upper Extremity Custom Fabrication Order Form

Patient Name: _____

*please record all measurements
in centimeters*



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

Orthosis Ordered:

- EWHO
- WHO

Componentry Requirements:

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

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

Phone (909) 337-3449

Fax: (909) 498-0300

www.KineMedic.com