

KINEMEDIC CONCEPTS, INC.



(909) 337-3449

(877) 888-9868

-----**FOR USE BY ORTHOTISTS ONLY**-----
UPPER EXTREMITY CUSTOM ORTHOTICS ORDER FORM

Please Fax completed forms to: (909) 498-0300

**Orthotists must have signed a Neuro-IFRAH® License Agreement before placing an order.
If you have not done so, call the Neuro-IFRAH® Center at (858) 550-1455 to make
arrangements for signing this agreement before ordering.**

*Patient Name: _____

*Orthotist Name: _____

*Company Name: _____

*Shipping Name and Address: _____

*Phone: _____ Cell: _____ Fax: _____

Email: _____

*Therapist Name: _____

**Required field*

Ordering

If you are unfamiliar with our custom prices, please call or email us for pricing information. Within 48 hours of receipt of your order, we will fax an Estimate and expected ship date.

Shipping and Delivery

Orders will typically be shipped within 8-10 business days. Orders shipped to CA, NV, UT and AZ will ship via UPS Ground. All others will ship via UPS 2nd Day Air.

Rush Delivery

Next day air delivery may be available. Call our office for rates.

Product Information

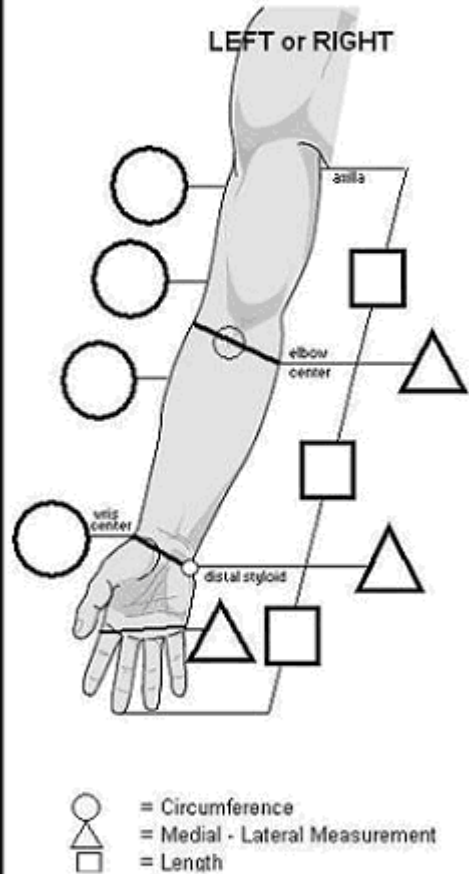
Products described and illustrated on our website and in the Neuro-IFRAH® catalogs, leaflets, or websites are subject to modification consistent with the latest designs and other factors. We are constantly working to bring to you the most up to date products and materials available. For information regarding returns, refunds, or exchanges please refer to our return policy for details (can be found in our FAQ section on our website www.kinemedic.com).

Note: Use this form for Custom Orders Only

Upper Extremity Custom Fabrication Order Form

Patient Name: _____

*please record all measurements
in centimeters*



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

Comments or additional information
