

Patient

Last name: _____

First: _____ Male Female

Date cast: / /

Birth date: / / Bilateral Left only Right only

Practitioner

Name: _____ Title: _____

Facility: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Billing

Cascade P&O is billing the patient's insurance.

UCAN N°: _____

Billing info is the same as practitioner facility.

Billing facility: _____

Street address: _____

City: _____ State: _____ Zip: _____

P.O. N°: _____

Shipping

Shipping info is the same as practitioner facility.

Shipping contact name: _____

Street address: _____

City: _____ State: _____ Zip: _____

Trimlines • Options

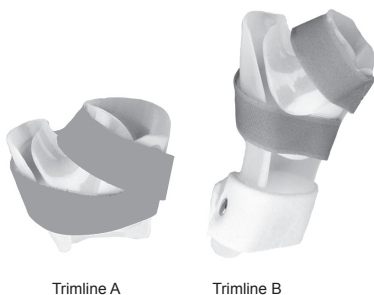
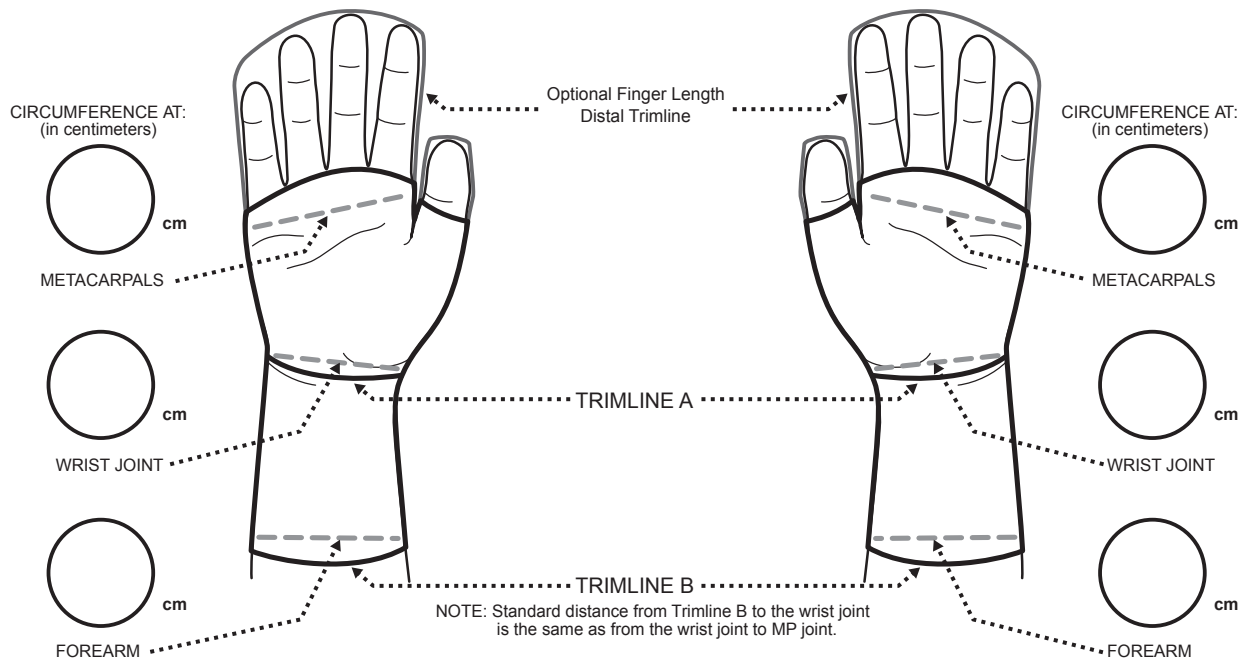
Trimline A—Stabilizes hand and thumb. Trimmed at wrist. - OR - **Trimline B**—Stabilizes hand, thumb and wrist. Trimmed at forearm.

Extend distal trimlines to finger length (Trimline A or Trimline B).

Strap color: White **Standard** Other: _____

Right Hand

Left Hand



Trimline A

Trimline B

Special Instructions

Rush order (adds \$25)