allard SmartFAB

Fax: 423-661-7473

E-Mail form to: <u>SmartFAB@allardusa.com</u>

Elbow Order Form

MultiMotion

Date:							
Contact: P.O. #:			Ship via:	0	UPS	O FedEX	O Cust. P/U
Phone:			SERVICE:	0	Ground	O 3-Day	O 2-Day
Fax:				0	ND Saver	O Next Day	O ND Early AM
Email:							
SHIP TO: Acct #: Name: Address: Address 2: City, State, Zi	p Code:			BILL TO: Acct #: Name: Address: Address 2: City, State, 2	 Zip Code:	○ Same as Ship To	
PATIENT INF	-			- '	•		
Patient ID:	.0		Sex:				
Height:		Weight	-		-		
		-		-	-		
O Left	0	Right					
MEASUREME	NTS						
Below measu	-	Axilla Axilla CMs Crease of Elbow	Cast is required at patie	(A:	A Largest t of Bicep	e angle. B B: Largest point of Forearm C: 1 ¹ / ₂ " proxima Styloid Ap) al to Ulnar bex
	_ +	Elbow Center		↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓		Ulnar Styloid	

MATERIALS AND OPTIONS							
Type of Plastic		Padding					
0	Polypropylene	0	Aliplast				
0	Copoly	0	Pelite				
0	Other, Describe:	0	Other, Describe:				
Uprights		Transfer Paper, if desired					
0	Integrated Uprights	0					
0	Modular Uprights						
			(please describe)				
SPECIA	L INSTRUCTIONS:						