

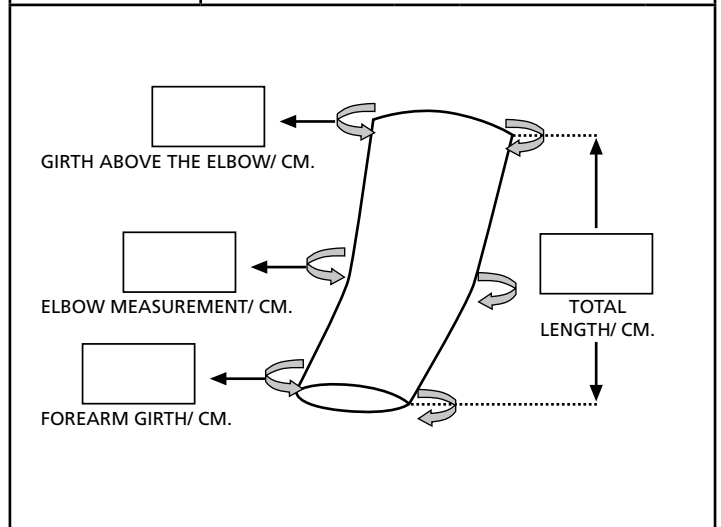
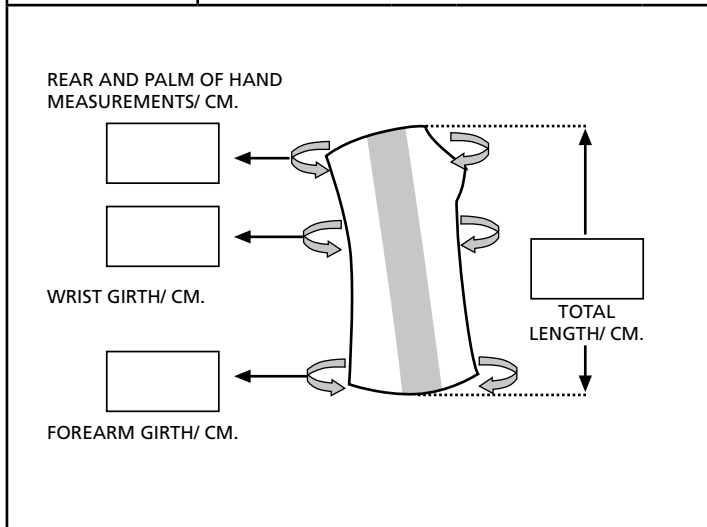
SPECIAL MANUFACTURING ORDER WRIST AND ELBOW SUPPORTS

CUSTOMER/ORTHOPAEDIC SURGERY		ADDRESS	
TOWN		PROVINCE	
PATIENT		CONTACT	
REQUEST DATE		DOCTOR	
DISPENSING CENTRE			
TELEPHONE NO	FAX NO	YOUR REFERENCE / ORDER	FILE NO

Comments:

WRIST SUPPORTS			
MODEL	THERMO-MED® <input type="checkbox"/>	3-TEX® <input type="checkbox"/>	
(1) REFERENCE (1) SIZE	(1)	(2)	
COLOUR	BLUE <input type="checkbox"/>	BEIGE <input type="checkbox"/>	
SPLINT	PALM <input type="checkbox"/>	THUMB <input type="checkbox"/>	
ELASTICATED WRIST BAND	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
SIDE	RIGHT <input type="checkbox"/>	LEFT <input type="checkbox"/>	
OPENINGS	OPEN <input type="checkbox"/>	CLOSED <input type="checkbox"/>	
SPECIAL REQUERIMENTS (Specify)			

ELBOW SUPPORTS			
MODEL	THERMO-MED® <input type="checkbox"/>	3-TEX® <input type="checkbox"/>	
(1) REFERENCE (1) SIZE	(1)	(2)	
COLOUR	BLUE <input type="checkbox"/>	BEIGE <input type="checkbox"/>	
FOREARM STRAP	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
EPICONDYLITIS CLASP	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
SPECIAL REQUERIMENTS (Specify)			



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SIGNATURE AND STAMP:

The measurements and details included in this order are the sole responsibility of the applicant.
 Orliman, SL assumes no liability for incorrect measurements or details provided.

NOTE: If you are in any doubt about the measurements, call us and ask.