

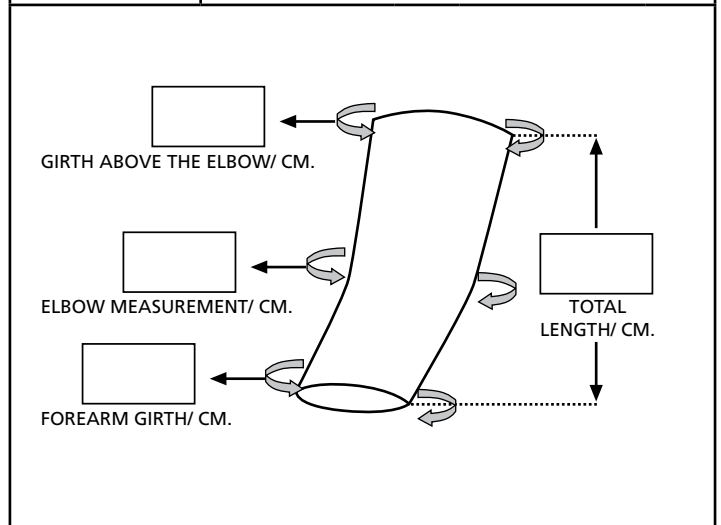
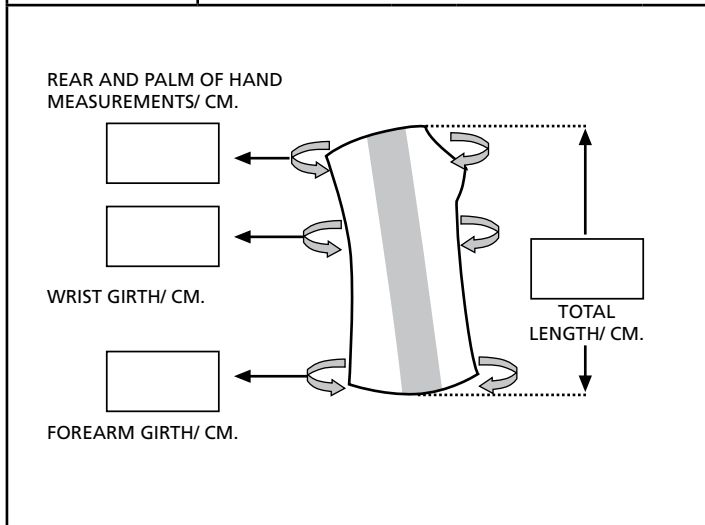
SPECIAL MANUFACTURING ORDER WRIST AND ELBOW SUPPORTS

| | | | |
|------------------------------|--------|------------------------|---------|
| 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.