

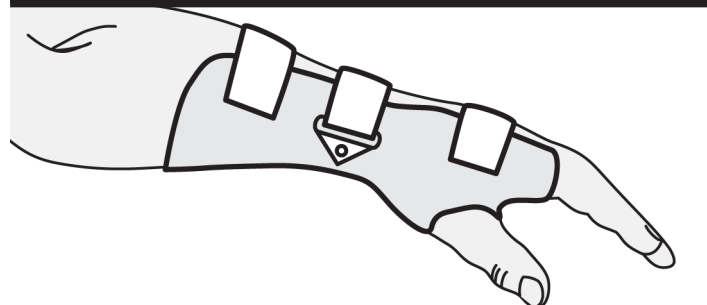
Patient	Last name:
	First: <input type="checkbox"/> Male <input type="checkbox"/> Female
	Date cast:
	Birth date: <input type="checkbox"/> Bilateral <input type="checkbox"/> Left only <input type="checkbox"/> Right only

Practitioner	Name:	Title:
	Facility:	
	Street address:	
	City:	State: Zip:
	Email:	Phone:

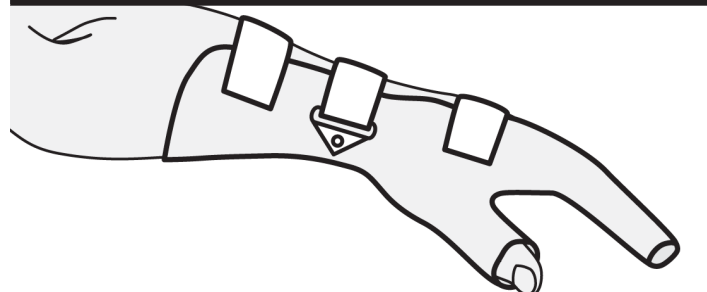
Billing	<input type="checkbox"/> Cascade P&O is billing the patient's insurance. -OR-
	—UCAN N°:
	<input type="checkbox"/> Billing info is the same as practitioner facility. -OR-
	<input type="checkbox"/> Billing facility:
	Street address:
	City: State: Zip:
P.O. N° :	

Shipping	<input type="checkbox"/> Shipping info is the same as practitioner facility. -OR-
	Shipping contact name:
	Street address:
	City: State: Zip:

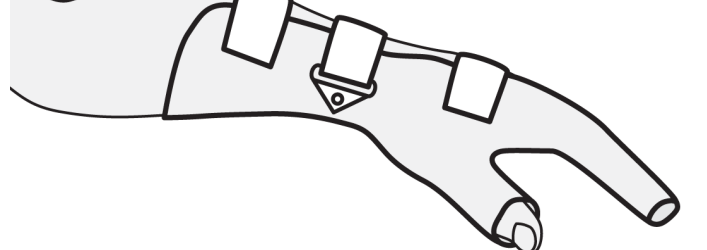
Trimline A



Trimline B



Trimline C



Cast Correction • Construction

<input type="checkbox"/> Correct wrist at _____°	<input type="checkbox"/> Do not correct cast
Correct wrist to neutral?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Correct Medial/Lateral wrist to neutral?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> 1/8" Polyethylene	<input type="checkbox"/> 3/16" Polyethylene
<input type="checkbox"/> Foam and Vinyl Tongue	<input type="checkbox"/> Other _____

Padding • Straps • Trim • Transfer

Padding Color:

<input type="checkbox"/> White Standard	<input type="checkbox"/> Other _____
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Strap Color:

<input type="checkbox"/> White Standard	<input type="checkbox"/> Other _____
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Ribbon Trim:

<input type="checkbox"/> No Pattern Standard	<input type="checkbox"/> Other _____
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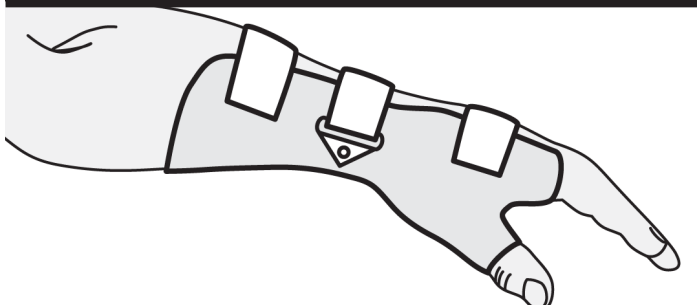
Transfer Pattern: (Additional cost)

<input type="checkbox"/> No Transfer Standard
<input type="checkbox"/> Pattern: _____
<input type="checkbox"/> Provide own pattern

Wrist / Hand Orthosis Style

<input type="checkbox"/> Trimline A: Custom Wrist Gauntlet Orthosis
<input type="checkbox"/> Trimline B: Custom Wrist Gauntlet with Thumb Spica
<input type="checkbox"/> Trimline C: Resting Hand Splint

Trimline B



Special Instructions

<input type="checkbox"/> Rush order (adds \$25)
