

OFFICE
877.388.9132
ask for Rondy!



FAX
213.226.4613

A California Continuing Education Provider CEP# 14030

SIZING GUIDE / ORDERING TEMPLATE

Patient Name: _____
Facility Name: _____

Contact: _____
Telephone: _____

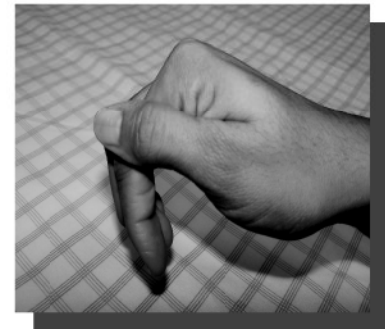
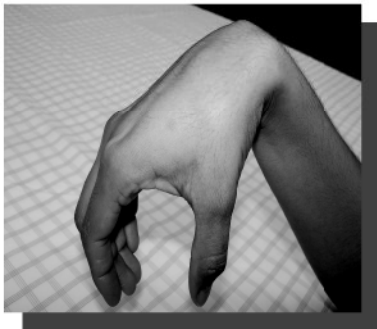


1. AIR GRADUATE

2. GRIP

Severely contracted fingers - fingers are moving into the palm of the hand.

Moderately contracted fingers- fingers form the letter "J".

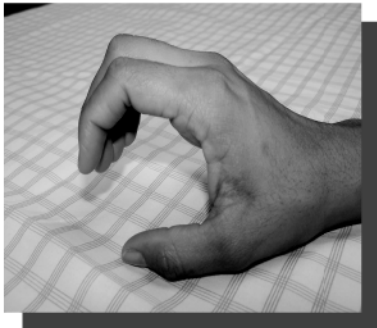


3. DORSAL

4. FUNCTIONAL

Mild to moderate finger contracture- fingers form the letter "C". Moderate to severe wrist drop.

Mild to moderate finger contracture- fingers form the letter "C". Thumb contracture Mild to moderate wrist drop.



5. PALMAR

6. ELBOW

Mild to moderate finger contracture- fingers form the letter "C". Mild wrist drop.

ORDERING INFORMATION

Hand Measuring instructions:

- A. Measure wrist crease to longest finger
- B. Measure MP joints

A _____ B _____

1. Determine which splint is proper for the contracture
2. Measure the patient and write it down
3. On the desired splint circle right, left or both
4. Send a copy of patient's face sheet
5. Send TO for fastest delivery or 'we'll get doctor' order
6. Fax all paperwork to the number above.

3 day delivery!!!

Elbow Measuring instructions:

- A. Bicep Circumference
- B. Forearm Circumference

A _____ B _____

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Knee measuring instructions:
A. Thigh Circumference
B. Calf Circumference
A _____ B _____

Hip measuring instructions:
A. Thigh circumference
A _____

Ankle foot measuring instructions:
A. Calf Circumference
B. Shoe Size
A _____ B _____

LSO measuring instructions:
A. 6" Inches Below Navel
A _____

Ordering Information

Make a copy of this master sheet!!!

Circle the desired splint and whether left or right side.

Measure the areas indicated above and record in provided spaces.

Send a copy of the patients face sheet

Send a T.O. (telephone order) for fastest delivery otherwise we will go to doctor for order
Fax all papers to 213.226.4613

For patients on a Part B stay Medicare will pay for the splint otherwise the facility or family will be invoiced, please have prior approval if this is the case.

3 day delivery !!!