

ULTRAFLEX SYSTEMS, INC

237 South St Suite 200 Pottstown Pa 19464
800-220-6670

EO Fb1 /EO Fb2/EO Fb3 /EWHO Fb1
Made-To-Measure Upper Extremity Orthoses

Practitioner: _____	Patient Name: _____
Facility: _____	Diagnosis: _____
Phone: _____	FAX BACK #: _____
PO#: _____	Date Needed: _____

BILL TO:	SHIP TO: If Different

Fracture shells assumes length and circumference are proportionate. Extremely short lengths, large circumferences or extremely long lengths, small circumferences will not result in an optimal fit. The patient may be better suited for a custom molded orthosis in these cases.

Circumferential Measurements: Ultraflex uses ready-made semi ridged Sarmiento type shells to fabricate the orthosis. The following measurements are required to determine the appropriate shell size.

Proximal Humerus: _____ Distal Humerus: _____
Proximal Forearm: _____ Distal Forearm: _____

Length and Width Measurements:

Elbow M - L: _____ Elbow Center to Axilla: _____ Elbow Center to Ulnar Styloid: _____

*Assist Needed (please **only** check one):*

_____ Extension Assist _____ Flexion Assist _____ Bi-Directional

OR _____ Supination / Pronation ← circle primary assist needed

Anatomical Orientation (please check one):

_____ Left Arm _____ Right Arm

Please check model number desired:

- _____ EO Fb1 - Uni-directional assist joint lateral, Uni-directional assist joint medial
- _____ EO Fb2 - Uni-directional assist joint lateral, ROM dial lock medial
- _____ EO Fb3 - Bi-directional assist joint lateral, ROM dial lock medial
- _____ EWHO Fb1 - Supination / Pronation

Please fax orders to 610.906.1420