

Pro.Sil WHO Order Form

Ship To:	Customer Account No.:
	Purchase Order No.:
	Clinician:
Date Due:	Contact Telephone:
Urgent? <i>*Rush orders may attract an additional fee</i>	Pt. Name/Reference:

Patient Details

Weight kg Height: cm

Orthosis Details

Left ☐ Right ☐ Bilateral ☐

Opening position:

From Thumb ☐

From 5th Digit ☐

Closure type:

D-Ring with Straps ☐ Zipper ☐

Additional Notes

Colour:

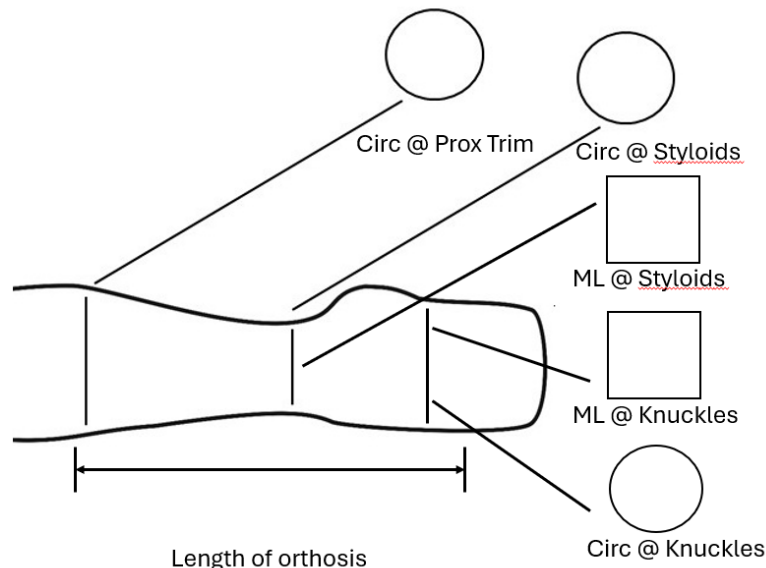
Translucent ☐	Green ☐
Peach ☐	Orange ☐
Red ☐	Yellow ☐
Blue ☐	Black ☐
White ☐	Magenta ☐
Light Brown ☐	Dark Brown ☐

Please note some colour variations may occur between devices

Finish: Matte ☐ Gloss ☐

Casts

Casts and measurements should be taken in the intended fixed wrist position with corrected palmer angle. Please ensure length of casts is sufficient for orthosis. Please note any specific areas of off-loading you require



Please note: No responsibility will be taken by Momentum Health Technologies for inappropriate or incorrect prescriptions. Devices will be made to the specifications identified on this form.