

Date _____



FUZION® ELBOW

586.50

6333 North Orange Blossom Trail, Orlando FL 32810 • www.orthomerica.com • phone 877-737-8444 • fax 877-737-8445

| | | | |
|---------------------------|---------------------------------------|-------------------------------------|---------|
| PATIENT INFO (PHI) | Last Name / ID _____ First Name _____ | | Remarks |
| | Gender _____ | | |
| | Male _____ | Age _____ Height _____ Weight _____ | |
| | Female _____ | | |
| Diagnosis _____ | | | |

| | | |
|-----------------------------|------------------------------------|--------------------------------------|
| SHIPPING INFORMATION | Practitioner _____ Phone/Fax _____ | Shipping Company _____ Service _____ |
| | Facility _____ PO Number _____ | UPS _____ Ground _____ |
| | Ship to Address _____ | FedEx _____ 2 Day Air _____ |
| | City _____ State _____ Zip _____ | Other: _____ Overnight _____ |
| | Bill to Address _____ | Need by _____ |
| | City _____ State _____ Zip _____ | |

Shape Acquisition Via: **Cast** **Scan** Affected Side: **Left** **Right** **Bilateral**

Dorsal Opening Bivalved Opening

Inner Plastic

- FIRM-Heat Adjustable Default
- Proflex Additional Charge
- Co-Polymer
- Poly Pro

Outer Foam Skin Color

- Black White
- Additional Padding. Instructions: _____

Straps

- Per Picture Default
- Dacron Reinforced Straps Additional Charge

Strap Color

Transfer: _____

Elbow Joint Type

Inner Liner Color

