

Date _____

FUZION® ELBOW

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 _____	Bill to Address _____	FedEx _____	2 Day Air _____
	City _____	State _____	Zip _____	Overnight _____
			Need by _____	

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

