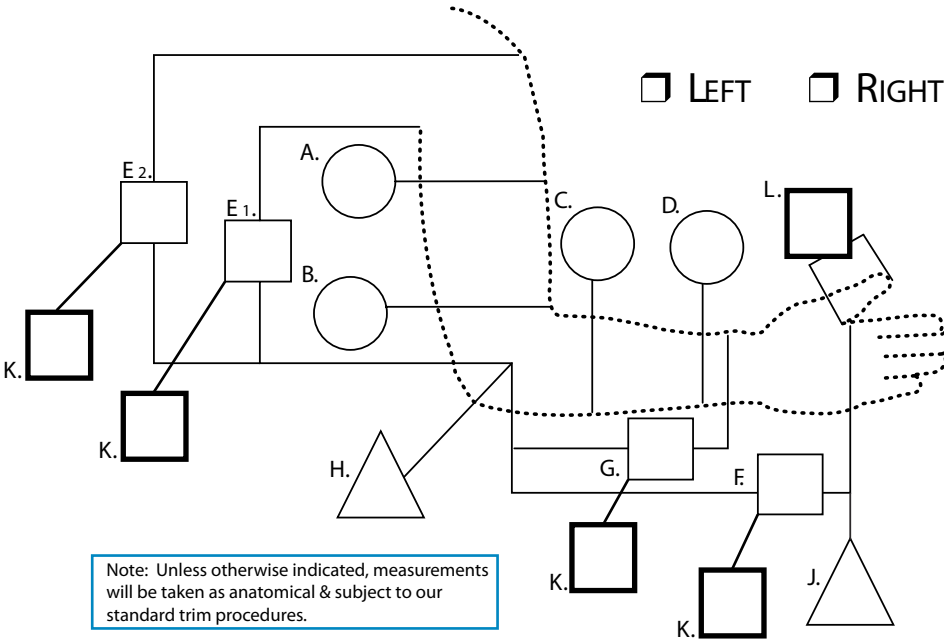


# PRIME ELBOW FORM

CUSTOM TO MEASUREMENTS



- Prime (1140)       Elbow Orthosis (1110.50)  
 WHO (1010.50)       WHTO (1000.50)  
 Humeral:     Fx (Universal) (1079.50)     Shoulder Type (1090.50)     Bivalve (1350.50)  
 Ulnar:       Fx (Universal) (1050.50)       Bivalve (1030.50)



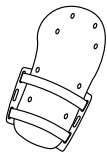
Note: Unless otherwise indicated, measurements will be taken as anatomical & subject to our standard trim procedures.

- MEASUREMENT LEGEND**
- A = Circumference at Proximal Upper Arm
  - B = Circumference at Distal Upper Arm
  - C = Circumference at Proximal Forearm
  - D = Circumference at Distal Forearm
  - E<sub>1</sub> = Length from Axilla to Elbow Center
  - E<sub>2</sub> = Length from Acromion Process to Elbow Center
  - F = Length from Elbow Center to Mid Palm
  - G = Length from Elbow Center to Styloid
  - H = Caliper M/L at Elbow
  - J = Palm Width
  - K = **FINISHED PLASTIC LENGTH**
  - L = THUMB LENGTH

## UPPER ARM COMPONENTS

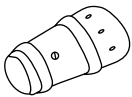


Regular

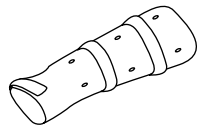


Shoulder-Type

## FOREARM COMPONENTS



Regular



Wrist-Hand Extension

OPTIONS

Pronation     Supination

## UPGRADES

- Upgrade to Bilateral Adjustable Elbow Joints  
*(Standard includes adjustable lateral, non-adjustable medial joint.)*  
 Upgrade to Bilateral R.O.M. Wrist Joint  
*(adjustable lateral and medial joints.)*

## Order Information

Account # \_\_\_\_\_

Date: \_\_\_\_\_ P.O.#: \_\_\_\_\_

Facility to be billed: \_\_\_\_\_

Ship to Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Date Required: \_\_\_\_\_

Ship via: \_\_\_\_\_ on (date) \_\_\_\_\_

Contact: \_\_\_\_\_

## PATIENT / ID INFORMATION (PHI)

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

\_\_\_\_\_