

**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**