

## Arm / Leg Order Form

Patient details	
Surname:	
First name:	
Date of birth: __ / __ / ____ Age:	
Please indicate: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date: __ / __ / 20__	

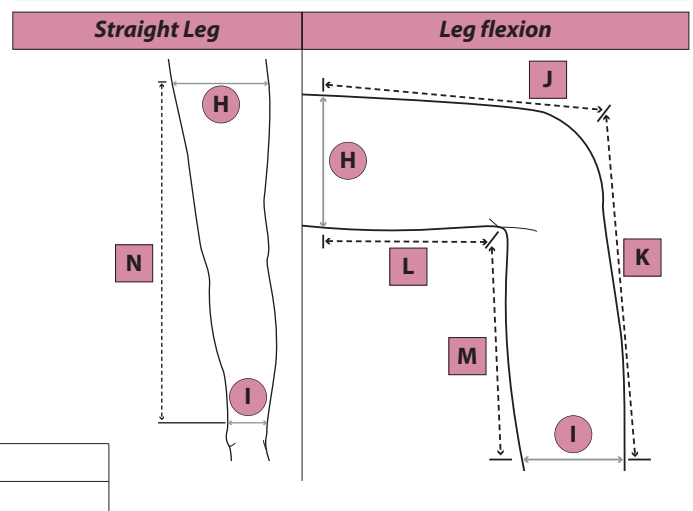
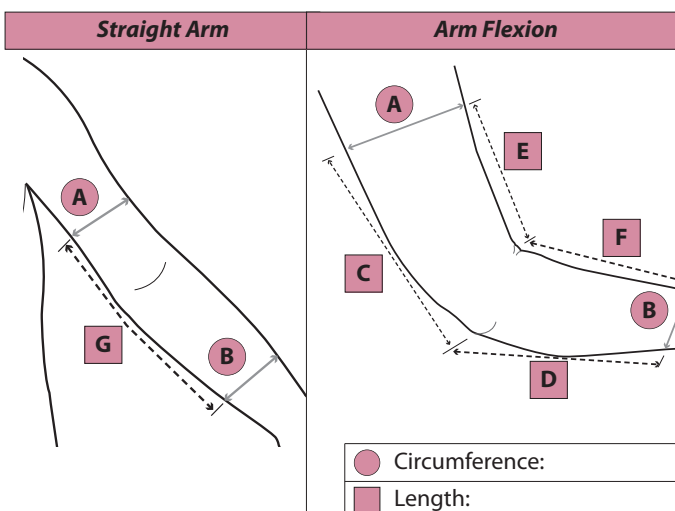
Purchasers details	
Address:	
Post code:	
Name:	
Hospital order number:	
Contact phone number:	

Arm: <input type="checkbox"/> Left <input type="checkbox"/> Right	
<b>Style</b>	
<input type="checkbox"/> KNS8 – Straight <input type="checkbox"/> KNS8F – Flexion	
<b>Material</b>	
<input type="checkbox"/> Blue Denim <input type="checkbox"/> Gingham <input type="checkbox"/> Bears <input type="checkbox"/> Butterfly <input type="checkbox"/> Owls <input type="checkbox"/> Birds <input type="checkbox"/> Outback <input type="checkbox"/> Farmyard <input type="checkbox"/> Campervans <input type="checkbox"/> Skulls <input type="checkbox"/> Camouflage <input type="checkbox"/> Cupcakes <input type="checkbox"/> Minions <input type="checkbox"/> Sailor <input type="checkbox"/> Horse <input type="checkbox"/> Superhero <input type="checkbox"/> Mickey & Minnie <input type="checkbox"/> Animals <input type="checkbox"/> Flowers <input type="checkbox"/> Paisley	
<b>Lining</b>	
<input type="checkbox"/> Cotton <input type="checkbox"/> Plush and foam padding	
<b>Steels:</b> Indicate number required	
<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
<b>Angle of flexion:</b> Please indicate below	

Leg: <input type="checkbox"/> Left <input type="checkbox"/> Right	
<b>Style</b>	
<input type="checkbox"/> HNS58 – Straight <input type="checkbox"/> HNS58F – Flexion	
<b>Material</b>	
<input type="checkbox"/> Blue Denim <input type="checkbox"/> Gingham <input type="checkbox"/> Bears <input type="checkbox"/> Butterfly <input type="checkbox"/> Owls <input type="checkbox"/> Birds <input type="checkbox"/> Outback <input type="checkbox"/> Farmyard <input type="checkbox"/> Campervans <input type="checkbox"/> Skulls <input type="checkbox"/> Camouflage <input type="checkbox"/> Cupcakes <input type="checkbox"/> Minions <input type="checkbox"/> Sailor <input type="checkbox"/> Horse <input type="checkbox"/> Superhero <input type="checkbox"/> Mickey & Minnie <input type="checkbox"/> Animals <input type="checkbox"/> Flowers <input type="checkbox"/> Paisley	
<b>Lining</b>	
<input type="checkbox"/> Cotton <input type="checkbox"/> Plush and foam padding	
<b>Steels:</b> Indicate number required	
<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
<b>Angle of flexion:</b> Please indicate below	

	Measurements for arm gaiters	(CM)
<b>A</b>	Proximal circumference	
<b>B</b>	Distal circumference	
<b>C</b>	Proximal end to elbow joint	
<b>D</b>	Distal end to elbow joint	
<b>E</b>	Proximal end to elbow joint	
<b>F</b>	Distal end to elbow joint	
<b>G</b>	Total length of gaiter	

	Measurements for leg gaiters	(CM)
<b>H</b>	Proximal circumference	
<b>I</b>	Distal circumference	
<b>J</b>	Proximal end to knee joint	
<b>K</b>	Distal end to knee joint	
<b>L</b>	Proximal end to knee joint	
<b>M</b>	Distal end to knee	
<b>N</b>	Total length of gaiter	



**Measure Guide: E, F, J and K on anterior surface / C, D, L and M on posterior surface / G and N on medial border**