SaeboFlex Patient Order Form



Email this order form to sales@saebo.com or Fax to 855.414.0037

If you are a vendor please call (888) 284-5433 or email sales@saebo.com for rates

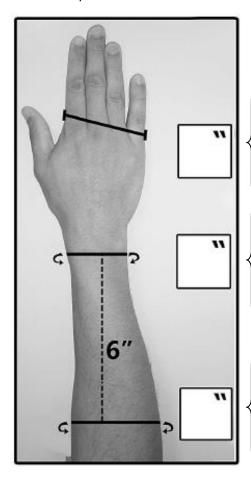
1. PATIENT INFORMATION					
Order Date:	First Name:		Last Name:		
Date of Birth:	Phone:	Email:			
2. THERAPIST INFORMATION					
Current (or Last) Therapist:		Facility Name	Facility Name:		
Email:		,			
3. SHIP TO					
Name (Facility Name):		Attention:			
Street:		Dept./Suite:			
City:		State:		Zip:	
4. PAYMENT \$599.00+ Shipping (\$4.99 domestic or \$25.00 for Canada)					
Total Payment :					
Pay by Credit Card Card Type: MC Visa Mex Discover					
Card Number: Exp:		0:	Name on 0	Name on Card:	
CVC: Billing Addre	ess:		<u> </u>		
HOW TO MEASURE					
Wrist Position: 15° - for patients with high tone			Side	e: Left	
	ow tone	Right			
Digit Caps: These measurements correspond to the digit cap ring (used for measuring the fingertips).					
Thumb Index Long Ring Little		R			



HOW TO MEASURE (continued)

Use measuring tape and record your measurements (in inches) in the spaces provided.

Distal Component



Measure across the base of your fingers:

Place the measuring tape just above your knuckles; do not wrap the tape down the side of your fingers. (Clinicians: Measure across the MCPs 2-5.)

Measure the circumference of your wrist:

Wrap the measuring tape around your wrist, just below your wrist bone.

(Clinicians: Measure **around** the wrist just proximal to the ulnar head.)

Measure the circumference of your forearm:

Measure 6 inches below your wrist bone and wrap the measuring tape around your forearm.

(Clinicians: Measure **around** the forearm 6" proximal from the ulnar head.)

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