

# SaeboStretch Patient Order Form



Email this order form to [sales@saebo.com](mailto:sales@saebo.com) or Fax to 855.414.0037

If you are a vendor please call (888) 284-5433 or email [sales@saebo.com](mailto: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:	
Email:			
3. SHIP TO (PLEASE INCLUDE THE FACILITY NAME IF SHIPPING TO A FACILITY.)			
Name (Facility Name):		Attention:	
Street:		Dept./Suite:	
City:	State:	Zip:	
4. PAYMENT   \$229.00 + Shipping ( \$4.99 domestic or \$25.00 for Canada)			
Total Payment :			
<input type="checkbox"/> Pay by Credit Card   Card Type:    MC <input type="checkbox"/> Visa <input type="checkbox"/> Amex <input type="checkbox"/> Discover <input type="checkbox"/>			
Card Number:		Exp:	Name on Card:
CVC:	Billing Address:		

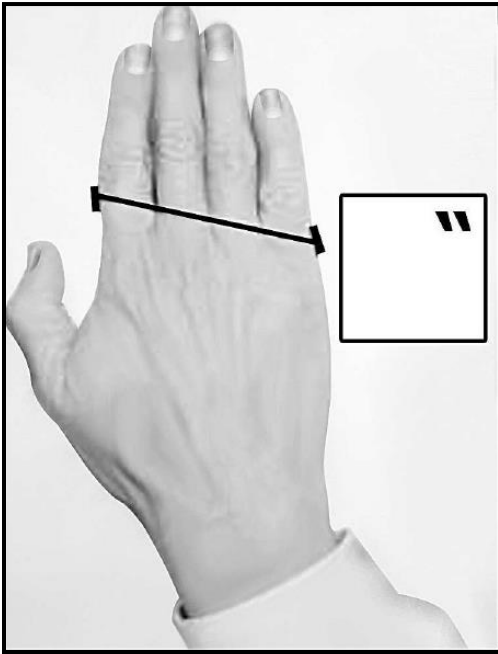
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**HOW TO MEASURE**

Use a measuring tape and record your measurement (in inches) in the space provided.

Side: Left  Right



**Measure across your fingers:**

With fingers together, measure straight across just above the knuckles, as shown in the image. Avoid wrapping the measuring tape.

*(Clinicians: measure across the proximal phalanges.)*

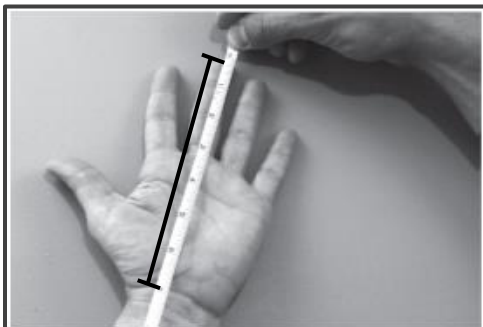
**Select a size based on your measurement:**

- XXSmall:** 1 ¾ - 2"
- XSmall:** 2" - 2 ¼"
- Small:** 2 ¼" - 2 ¾"
- Medium:** 2 ¾" - 3 ¼"
- Large:** 3 ¼" - 4"

**Select a Color:** (for XXS and XS only)

- Pink
- Blue

**If undecided about the size, assess 3<sup>rd</sup> finger length:** Measure from the tip of the middle finger down to the edge of palm. Compare your measurement to the total length of the splint. **Longer fingers? Consider a larger size.**



Total Length of Splint	
XXS	9"
XS	10"
SM	11 ½"
MD	13"
LG	14 ¼"