

SaeboStretch Order Form

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



1. PATIENT INFORMATION

Order Date:	First Name:	Last Name:
Date of Birth:	Phone:	Email:

2. THERAPIST INFORMATION

Current (or Last) Therapist:	Facility Name:
Email:	

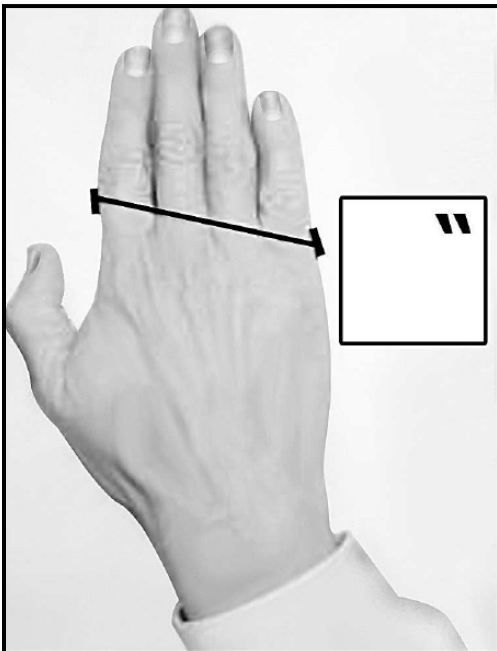
2. SHIP TO (SAEBO, INC. CANNOT SHIP DEVICES TO P.O. BOXES. PLEASE INCLUDE THE FACILITY NAME IF SHIPPING TO A FACILITY.)

Name (Facility Name):	Attention:	
Street:	Dept./Suite:	
City:	State:	Zip:

3. HOW TO MEASURE

Use a measuring tape and record your measurement (in inches) in

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 measurements:

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

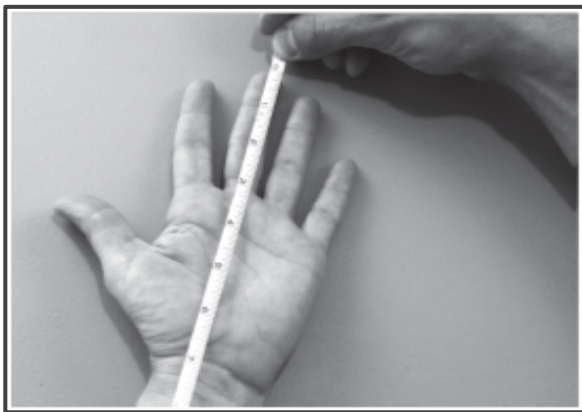


Select a Color: (for XXS and XS only)

Pink

Blue

If undecided about the size, assess 3rd 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 1/2"
MD	13"
LG	14 1/4"

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