

# Supplier Order Form



2709 Water Ridge Pkwy.  
Suite 100  
Charlotte, NC 28217  
Tel 888.284.5433  
Fax 855.414.0037  
www.saebo.com

I hereby authorize Saebo, Inc. to begin custom fabrication of a ☐ **SaeboFlex<sup>®</sup>** ☐ **SaeboReach<sup>®</sup>**  
for patient: \_\_\_\_\_, according to the measurements provided  
on the attached order form. Because of the custom nature of this device, I understand that this order cannot  
be modified, cancelled, or returned for any reason (except for manufacturing defect). I agree that this item  
will only be provided by a Saebo-trained orthotist or fitter to a patient under the care of a Saebo-trained  
therapist. I agree that Saebo, Inc. is not responsible for billing the patient's insurance for this item and that  
payment for this item is due within 30 days of shipment.

\_\_\_\_\_  
Orthotist/Fitter Signature

\_\_\_\_\_  
Orthotist/Fitter Name

\_\_\_\_\_  
Saebo ID#

\_\_\_\_\_  
Purchase Order #

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist Name

\_\_\_\_\_  
Saebo ID# of Therapist

**SHIP TO:** Facility Name: \_\_\_\_\_ Attention: \_\_\_\_\_

Street: \_\_\_\_\_ Dept. or Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**BILL TO:** Company: \_\_\_\_\_ Billing Contact (optional): \_\_\_\_\_

Street: \_\_\_\_\_ Dept. or Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Fax This Order Form and Measurement Sheet  
to Saebo at 855-414-0037**

# SaeboFlex<sup>TM</sup> Measurement Form

Distal Component



## Hand:

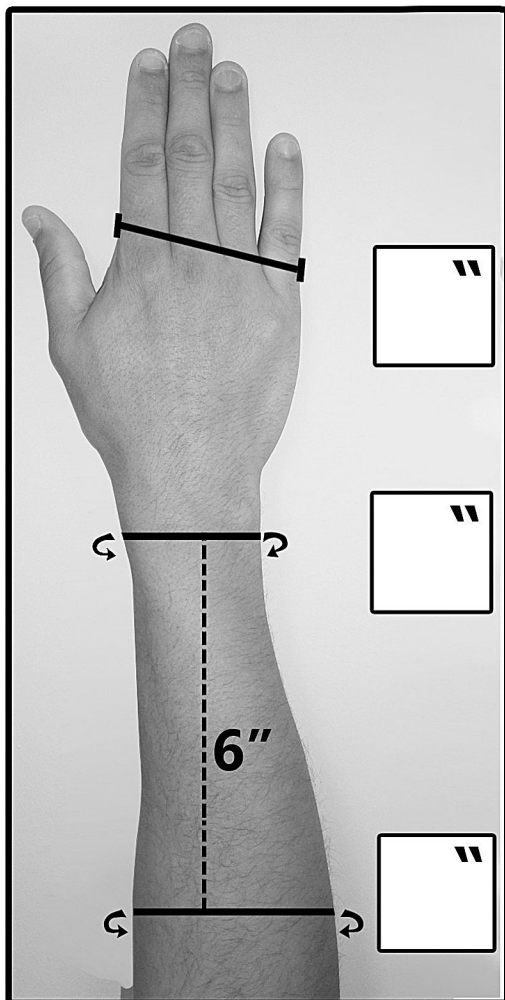
Left: ☐ Right: ☐

## Wrist Position:

15°: ☐ 35°: ☐

## Digit Caps:

Thumb\_\_\_Index\_\_\_Long\_\_\_Ring\_\_\_Little\_\_\_



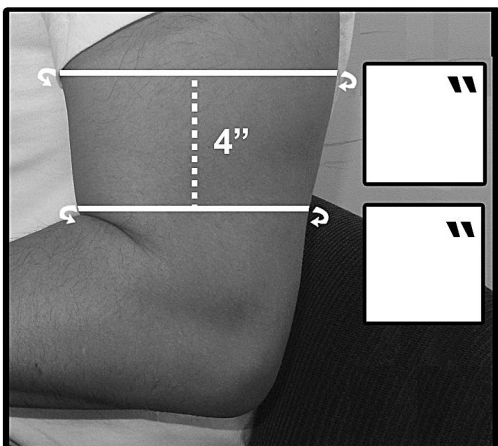
Measure **across** the MCPs 2 - 5.

Measure **around** the wrist just proximal to the ulnar head.

Measure **around** the forearm 6" proximal from the ulnar head.

## SaeboReach<sup>TM</sup>

Proximal Component



Measure **around** the arm 4" proximal from the bend at the elbow.

Measure **around** the arm just proximal to the bend at the elbow.