

# TR - TH Order Form

Company:	PO:	Due Date:
Address:	Patient Name:	
	Shipping: <input type="checkbox"/> UPS Ground <input type="checkbox"/> UPS Next Day	
	<input type="checkbox"/> UPS 2nd Day <input type="checkbox"/> Other	
Practitioner:	Phone:	Email:

### Alignment Instructions

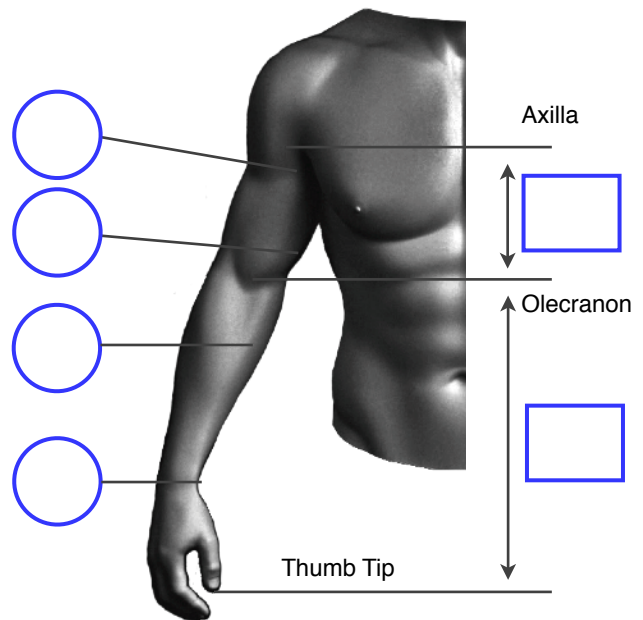
- Maintain current length
- Length Adjustments:  
Wrist Flexion: \_\_\_\_\_
- Plaster mods to mold: \_\_\_\_\_

### Patient Information

- Male  Female
- Left  Right
- Patient Weight: \_\_\_\_\_

### Socket Instructions

- Test Socket
- Rough Trial
- Finish
- Thermoplastic
- Material: \_\_\_\_\_
- Laminated with flexible brim
- Rigid lamination  
lamination color: \_\_\_\_\_
- Valve  
Type: \_\_\_\_\_
- Pull hole / tube



### Additional Instructions

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