

Contact Information

Clinician Fitter/Assistant/Tech Other: _____

Name: _____

Email: _____ Phone: _____

Ordering Clinician

CPO CO CP Other: _____

Name: _____

Email: _____ Phone: _____

Billing & Shipping

PO#:

Billing Account#: _____

Shipping Account#: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Shipping Preference

Ground Next Day AM Next Day PM 2-Day AM 2-Day PM

(If no preference is indicated, this order will be shipped 2 Day PM) Note: We do not ship products directly to patients.

Patient Information

Fit Date: _____ Patient ID: _____

Night Splints

Size/Quantity: ___ S ___ M ___ L

Accessories:

Replacement Liner (*Washable*)

Size	Men's Shoe Size	Women's Shoe Size
SM	3 ½ - 7	4 - 7 ½
MD	7 - 10	8 - 10 ½
LG	10 ½ - 13	10 ½ - 15

NOX Splints

Size/Quantity: ___ S/M ___ L/XL

Accessories:

24-112 Accessory Strap

The strap serves two purposes; one, it provides a lengthening advantage for patients with larger limbs or swelling, and it also aids in providing additional compression in areas not addressed by the permanent strap positions.

Size	Men's Shoe Size	Women's Shoe Size
SM/MD	5 - 9	6 - 10
LG/XL	9 ½ - 14	10 ½ - 15

*Indicates additional charges apply

OF-044 REV. C

Received Date *Thuasne USA's shipping department use only*