

# Early Impressions™ Hand Order Form

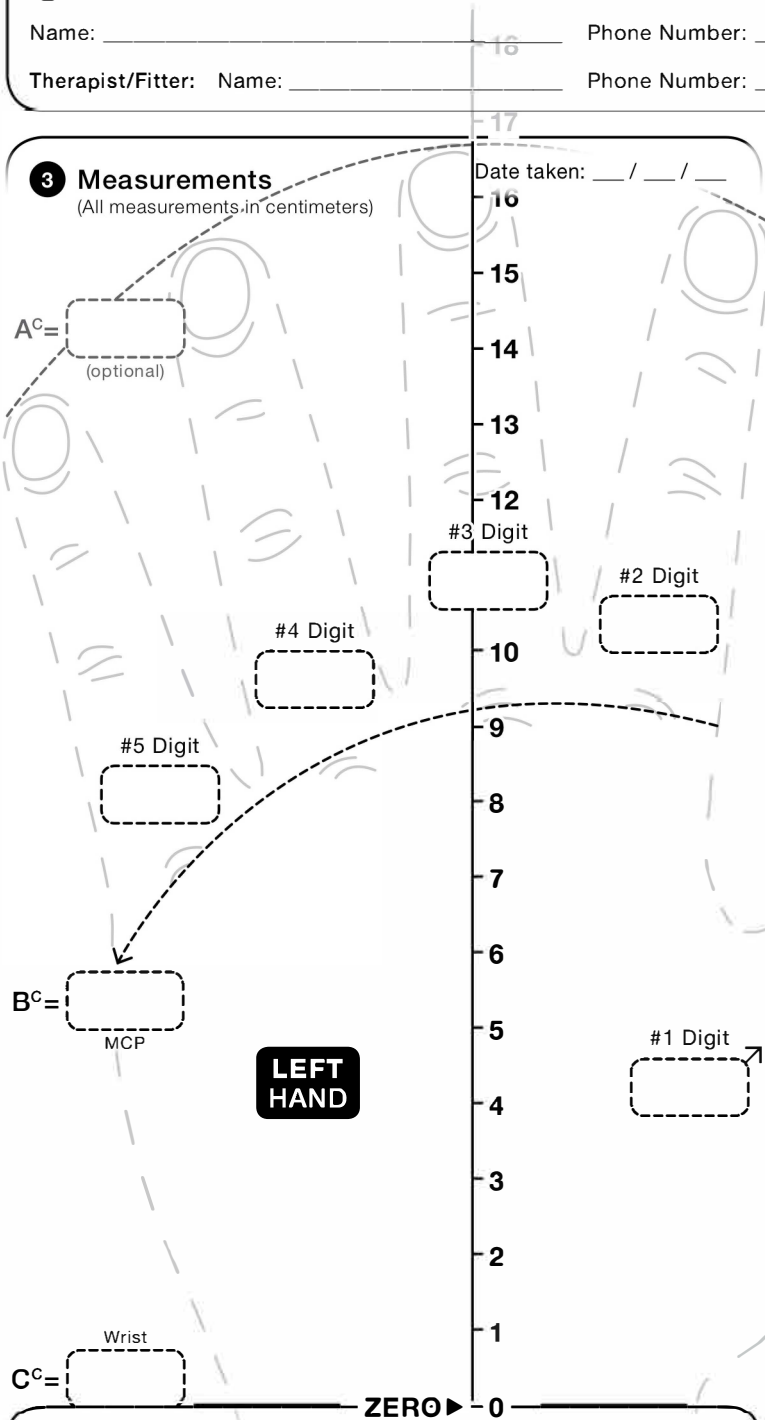
**LEFT HAND**

## 1 Patient Information

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Therapist/Fitter: Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

## 3 Measurements

(All measurements in centimeters)



**LEFT HAND**

## 2 Garment Design

**Style** UE - \_\_\_\_\_

**Channeling**  Vertical (Chevron channeling not available.)

**Profile**  Original  Low

**Color**  Black  Slate  Purple  Raspberry

**Modifications**

QTY.	Notes/Placement Instruction
<input type="checkbox"/> Zippers	_____
<input type="checkbox"/> VELCRO® fastener	_____
<input type="checkbox"/> Closure	_____
<input type="checkbox"/> Adjustable panels*	_____

**Accessories**

Outer Jacket (OJ)  
 Color:  Black  Slate  Purple  Raspberry  
 Fastener type:  VELCRO®  Snap  
 Modifications:  Non-skid pads

Special Instructions: \_\_\_\_\_

Exact Reorder of Order #: \_\_\_\_\_

## 4 Billing Information

Quote Only

Business Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Contact Name & Phone: \_\_\_\_\_  
 Account #: \_\_\_\_\_ P.O. #: \_\_\_\_\_  
 Payment:  Credit card (provide number below)  Net 30  
 Card #: \_\_\_\_\_ Exp: \_\_\_ / \_\_\_ SID: \_\_\_\_\_

## 5 Shipping Information

Shipping:  Ground  2nd Day  Overnight

Ship to: \_\_\_\_\_  
 Attn: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email (for shipping notification): \_\_\_\_\_