



SAEBOFLEX® MEASUREMENT & ORDER FORM - PAEDIATRIC

SaeboFlex® Adult order form is also available

TAX INVOICE

DATE: _____

PATIENT NAME: _____

ADDRESS: _____

PHONE: _____

DIAGNOSIS: _____

RENTAL PAYMENT OPTIONS: (please complete)

☐ Credit Card

☐ Other _____ (pls specify)

☐ Invoice (for account holders only, pls specify PO# below)

Purchase Order #: _____

CARD No: _____

EXPIRY DATE: _____ / _____ Ccv: _____

CARD HOLDER NAME: _____

SIGNATURE: _____

OTHER PAYMENTS: (if applicable)

ORGANISATION: _____

CLAIM / PURCHASE ORDER No: _____

CONTACT: _____

ADDRESS: _____

PHONE: _____

AUTHORISING PERSON: _____

SIGNATURE: _____

POSITION: _____

THERAPIST: _____

FACILITY: _____

PHONE NO: _____

The following measurements must be received to process the order.

Please indicate if measurements are taken in: INCHES ☐ CM ☐

Left ☐ Right ☐

1) Measurement width across MCP's 2-5: _____

2) Length of the hand: _____

3) Measure circumferentially at the wrist just proximal to the ulnar head: _____

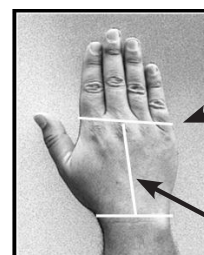
4) Measure forearm length 2/3 the distance proximal from the wrist: _____

5) Measure circumferentially around the forearm at the 2/3 position: _____

6) Digit Caps: Thumb _____ Index _____ Long _____ Ring _____ Little _____

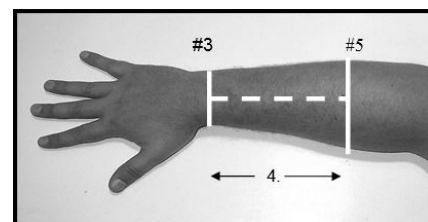
* If the "A" digit cap is too long and covering the PIP, write "AA" accordingly.

7) Wrist Position: 15 degrees ☐ 35 degrees ☐



Take the measurement across the dorsum of the hand just distal to the MCPs. Do not wrap the tape down the lateral or medial side of the hand.

Take measurement from just distal to the MCP of the 3rd digit to the wrist creases.



SAEBOFLEX		PRICE	QTY	SUBTOTAL
SBO-X1FX1CUN1	SaeboFlex Orthosis Custom (incl. 10 Exercise Balls)	\$3,320.00 GST FREE		
SBO-E1EB20SDN12	Accessories - Paediatric Exercise Balls (12/pk)	\$79.00+GST		
	Freight	\$22.00+GST		
TOTAL				

OFFICE USE ONLY
Serial Number

PRESCRIBED BY _____
(please print name)

Signature _____ Date _____