



SAEBOFLEX® MEASUREMENT & ORDER FORM - ADULT

SaeboFlex® Paediatric order form is also available.

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: _____

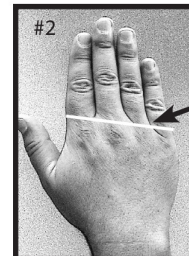
FACILITY: _____

PHONE NO: _____

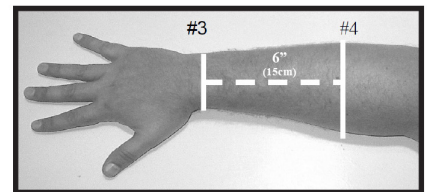
The following measurements must be received to process the order.

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

- Left ☐ Right ☐
- Measurement across MCP's 2-5: _____
- Measure circumferentially at the wrist just proximal to the ulnar head: _____
- Measure forearm circumference 6" (15cm) proximal from the ulnar head: _____
- Digit Caps: Thumb _____ Index _____ Long _____ Ring _____ Little _____
- 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.



SAEBOFLEX		PRICE	QTY	SUBTOTAL
SBO-X1FX1CUN1	SaeboFlex Orthosis Custom (incl. 10 Exercise Balls)	\$3,320.00 GST FREE		
SBO-E1EB10SDN12	Accessories - Exercise Balls (12/pk)	\$120.00+GST		
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 _____