## MADE TO MEASURE FORM Custom Wrist/Wrist Thumb

NB: To meet Medical Device Regulations It is the responsibility of the suitably qualified Health Practitioner to provide full specification/design criteria for a Custom Made Medical Device.

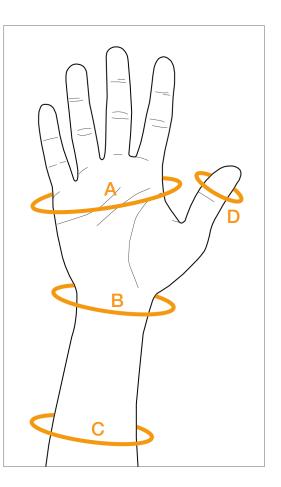


#### **Measurements**

- A Palm MCP (mm)
- **B** Wrist circumference (mm)
- C Forearm circumference (mm)
- **D** Thumb circumference (mm)

### **Product Information**

Product Based on						
Material						
Side Left	Right					
Style Wrist	Wrist	Thumb				
Finger Resting	Yes	No				
Number of Straps						
Palmer Bar Size	6"	7"	9"			



#### **Additional Instructions**

#### **Order Information**

Order number

What condition/s is the brace for

Patient Name

Hospital

Department

Email

# Please complete this form and send it along with your purchase order to our customer service team at: info@beagleortho.com