

**ACTIVARMOR**

SUPPORT • ACTIVE • LIFESTYLE

2828 Granada  
Pueblo, CO 81005

800-583-6690

[www.ActivArmor.com](http://www.ActivArmor.com)

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_



Diagnosis/ICD10: \_\_\_\_\_

Precautions: \_\_\_\_\_

**Order: Custom Orthosis**

- Orthotic Fabrication and Fitting (Check all that apply):
- Wrist Cock-up \_\_\_\_\_
  - Forearm-Based Thumb Spica/MP Block/Ulnar/Radial Gutter  
Digits: I II III IV V Joints: MP PIP DIP
  - Hand-Based Thumb Spica/MP Block/Ulnar/Radial Gutter  
Digits: I II III IV V Joints: MP PIP DIP
  - Hand-Based Functional splint \_\_\_\_\_
  - Long Arm orthosis \_\_\_\_\_  
Digits: I II III IV V Joints: MP PIP DIP
  - Elbow orthosis \_\_\_\_\_
  - Ankle foot orthosis – Non-Weight Bearing \_\_\_\_\_
  - Ankle foot orthosis – Walking Boot \_\_\_\_\_

Thickness:     Protective (Cast)  
                   Thin/Lightweight (Splint, not for AFOs)

Strength Coating:     Yes (recommended for athletes/durability/strength)

Closing Option:     Locked-On     Removable     Transition Kit

*Positioning/Custom Design Instructions:* \_\_\_\_\_

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Name: \_\_\_\_\_ NPI: \_\_\_\_\_