



VOLAR Resting - Splint
Fill in Form

Orthobroker,
Ter stratenweg 11, 2520
Ranst
orders@orthosolid.com

Company:
Technician:
Date:
Patient:

Order form

Desired finish of the VOLAR resting splint

Only the outer shell	<input type="checkbox"/>
Shell + straps loose + NOT finished or attached	<input type="checkbox"/>
Shell + straps loose + lining finished and attached	<input type="checkbox"/>
Shell + straps fitted + lining finished and attached	<input type="checkbox"/>

I want extra lining

Please send this document along with additional photos to orders@orthosolid.com or to your representative.

Also take additional photos for the ideal position of the hand. If necessary, of your own healthy hand to make sure the angles are right.

Extra notes:
