



ACTIVARMOR
CANADA
3D PRINTED CASTS, BRACES AND SPLINTS



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Patient Name: _____ **Tel:** _____

Diagnosis: _____

Date of Injury or Surgery: D: _____ /M: _____ /Y: _____

ORDER:

Below Elbow Cast: _____

Below Elbow: Thumb Spica / MCP Block / Radial Gutter / Ulnar Gutter

Digits Casted (*circle*): I II III IV V

Joints included (*circle*): MCP PIP DIP

Hand Based: Thumb Spica / MCP Block / Radial Gutter / Ulnar Gutter

Digits Casted (*circle*): I II III IV V

Joints included (*circle*): MCP PIP DIP

Below Knee - Foot and Ankle Cast (AFO): _____

Non-Weight Bearing Weight Bearing Walking Boot

Thinner Splint Design Option (*if available for diagnosis*)

Custom Design Instructions (*example: positioning, flexion/extension for finger, elbow, ankle, knee joints*): _____

Physician Tel: _____ **Clinic Name:** _____

Physician Name: _____ **D:** _____

Physician Signature: _____

PRESCRIPTION DATE: D: _____ /M: _____ /Y: _____