



PRESCRIPTION



ACTIVARMOR
CANADA

3D PRINTED CASTS, BRACES AND SPLINTS

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Email: sales@activarmor.ca

Patient Name: _____ Tel: _____

Diagnosis: _____

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

- 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
- Above Elbow Cast (Long Arm): _____
- Elbow Cast ONLY: _____
- Below Knee - Foot and Ankle Cast (AFO): _____
 - Non-Weight Bearing Weight Bearing Walking Boot: (strength coating and rubber heel – available only in white)
- Above Knee - Foot and Ankle Cast (Full Leg AFO): _____
 - Non-Weight Bearing Weight Bearing Walking Boot: (strength coating and rubber heel – available only in white)
- Thinner Splint Design Option (not available with Hand based devices or AFO)
- Strength Coating Option (Recommended for Athlete Patients – available only in white)

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

Physician Tel: _____ Clinic: _____

Physician Name: _____ ID: _____

Physician Signature: _____ DATE: D: _____ /M: _____ /Y: _____

