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 www.allsportdynamics.com

# ALLSPORT OTS & IMC WRIST PATIENT DATA FORM

Complete this form and fax to: Allsport Dynamics, (936) 569-1439

**BILL TO:** \_\_\_\_\_  
 Date \_\_\_\_\_  
 P.O.# \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Email \_\_\_\_\_ Contact \_\_\_\_\_

**PATIENT INFORMATION:**  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Height \_\_\_\_\_ Weight \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_  
 Prescribed By<sup>(required)</sup> \_\_\_\_\_ Phone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Diagnosis \_\_\_\_\_ Intended Use \_\_\_\_\_  
 Measured By \_\_\_\_\_ Phone \_\_\_\_\_

**SHIP TO:**  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Did the patient specifically request an Allsport OTS or IMC Wrist Brace?  Yes  No  
 Does the patient have any allergies (latex, rubber, tape, etc.)?  Yes  No  
 If yes, specify \_\_\_\_\_

**BUYER PAYS SHIPPING:**  Next A.M.  Next P.M.  2-Day  3-Day  Ground  
 NOTE: add shipping time to average manufacturing time of 7 business days to determine approximate delivery date.

## ALLSPORT OTS WRIST (OFF-THE-SHELF)

### STEP 1: Select Size [see chart on back]

- XSmall: 0-2" [0-5.1cm]
- Small: 2-2<sup>5</sup>/<sub>16</sub>" [5.1-5.9cm]
- Medium: 2<sup>5</sup>/<sub>16</sub>-2<sup>5</sup>/<sub>8</sub>" [5.9-6.7cm]
- Large: 2<sup>5</sup>/<sub>8</sub>-2<sup>15</sup>/<sub>16</sub>" [6.7-7.5cm]
- XLarge: 2<sup>15</sup>/<sub>16</sub>-3<sup>3</sup>/<sub>16</sub>" [7.5-8.1cm]

### STEP 2: Select Color

- Carbon Fiber
- Metallic Blue
- Euro Red
- Bright Green
- Neon Yellow
- Arctic White
- Orange
- Burnt Orange
- Maroon

## ALLSPORT IMC WRIST (OFF-THE-SHELF)

### STEP 1: Select Size [see chart on back]

- Small: 2-2<sup>5</sup>/<sub>16</sub>" [0-5.9cm]
- Medium: 2<sup>5</sup>/<sub>16</sub>-2<sup>5</sup>/<sub>8</sub>" [5.9-6.7cm]
- Large: 2<sup>5</sup>/<sub>8</sub>-3" [6.7-7.6cm]

- IMC Wrist available in Black only

## OFFICE USE ONLY

SC# \_\_\_\_\_ Rep# \_\_\_\_\_ Fit Fee \_\_\_\_\_ Rec'd \_\_\_\_\_ Due \_\_\_\_\_  
 Paid \_\_\_\_\_ Visa/MC/Amex/Disc# \_\_\_\_\_ Order# \_\_\_\_\_

