

Dear Occupational Therapist or Parent:

Your patient or child will need to wear a brace to position and stabilize the shoulder and arm after surgery. In order to have this device ready for your patient (or child) when you arrive in Houston, we must have the information and measurements described below.

Questions? Please call (713) 747-4171.

Patient Name: _____

Date of Birth: _____

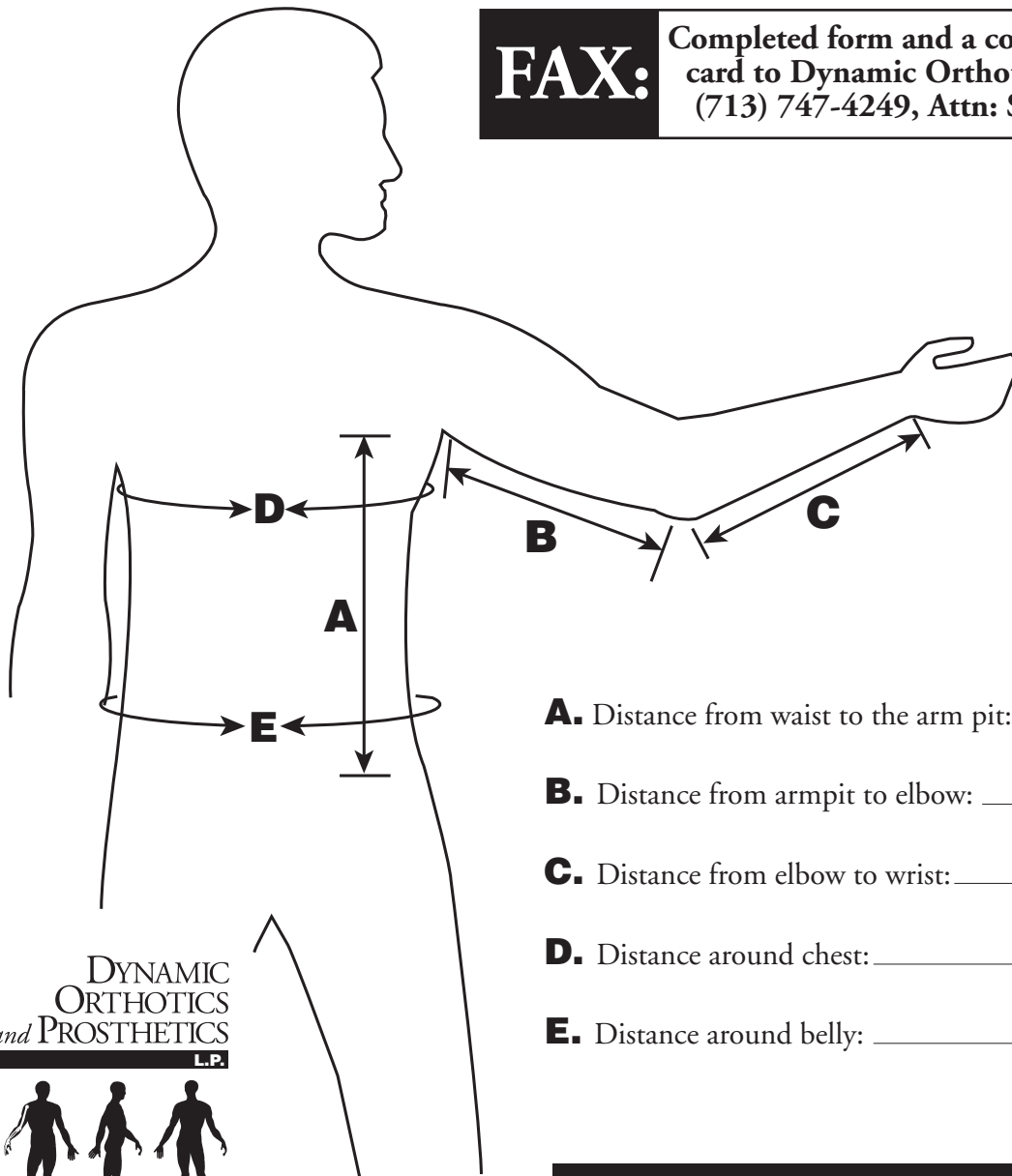
Height: _____ Weight: _____

Involved side: Right: _____ Left: _____

Date of Surgery: _____

Arrival in Houston: _____

FAX: Completed form and a copy of the insurance card to Dynamic Orthotics and Prosthetics (713) 747-4249, Attn: Shelley. Thank you.



A. Distance from waist to the arm pit: _____ in/cm

B. Distance from armpit to elbow: _____ in/cm

C. Distance from elbow to wrist: _____ in/cm

D. Distance around chest: _____ in/cm

E. Distance around belly: _____ in/cm

DYNAMIC ORTHOTICS *and* PROSTHETICS L.P.

