

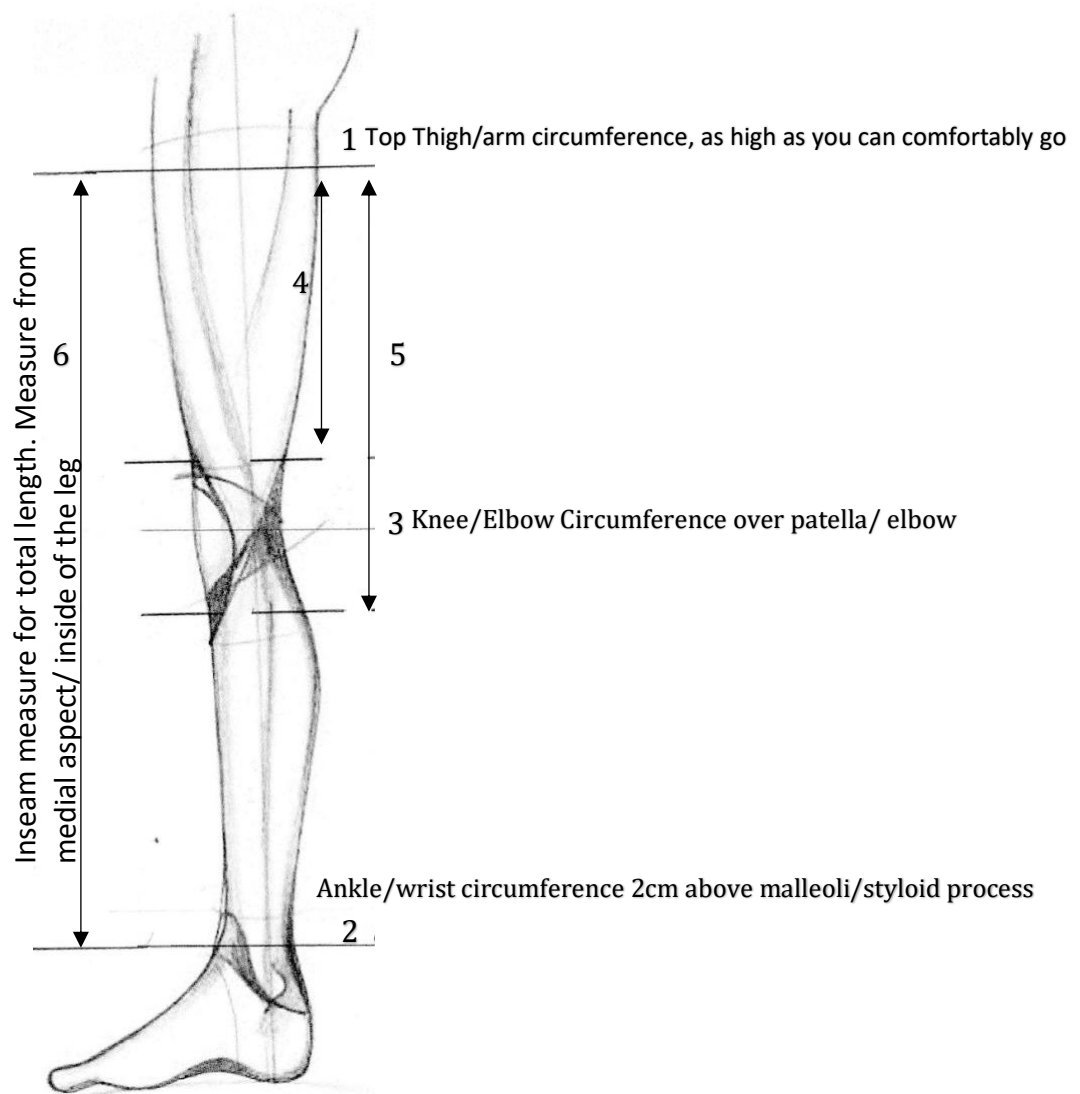


Wraparounds Order Form

Client:
DOB:
Address:
NDIS No:
NDIS Funding is : Self-Managed Plan Managed NDIA Managed

Carer/Parent:
Mobile:
Email:

Referring Therapist:
Mobile:
Email:



*Measurements (in cms)		
	Left	Right
1. Top thigh/arm circumference		
2. Ankle/wrist circumference		
3. Knee/Elbow Circumference		
4. Length to bottom of Velcro strap		
5. Length to top of Velcro strap		
6. Inseam/total length of wrap		

Type of wraparound:
 Legs
 Arms

Strap closure placement:
 Behind knee (to prevent escapes!)
 Lateral/outside of leg

No. of struts
 2 (standard - medial and lateral)
 3 (additional posterior knee)

*Measurements should be as exact as possible, allowances will be made at pattern making stage.

Knee or Elbow flexion contracture? Yes/No

If yes please provide fixed flexion contracture measurement:

Other information/Requests:

*Please send completed forms to: enquiries@rehabtherapies.com.au
 Manufacturing begins only after quote is accepted by and funding confirmed.*