

## Order form ATA/WEO/WSO® Orthosis

Patient information

Name and/or reference

Date of Birth    dd.mm.yyyy

Arm side  Left Arm  Right Arm  Both Arms

### Orthotic version

ATA



WEO



WSO



Orthosis Information

Hand support  Yes  No

Option ATA  Flexion Spring  Extension Spring

Comments

If necessary, flexion or extension stops can be incorporated. Please contact Ambroise for this.

Customer information

Company name

Orthotist

Your order number

Desired delivery date

**PAY ATTENTION!** Upload the frontal and sagittal photos as an attachment to the email.  
For details read the photo measurement manual at [www.ambroise.nl/en](http://www.ambroise.nl/en)

Email