



Silver Ring Splint Company

1140 E Market St. Suite A
Charlottesville, VA 22902
Call/Text (434)971-4052

2026 ORDER FORM

EMAIL TO:
Orders@silverringsplint.com
FAX TO: 1-434-971-8828

1 Facility Number* _____ Facility Name _____ Date _____
(All Facilities have a Facility Number and is **required to order. The Facility Number is assigned with your first kit order.)*
Therapist _____ Phone/Text # (____) _____ E-mail _____

2 Method of Payment: We do NOT bill insurance companies or workers comp

- Bill Facility/ACH (Terms: Net 30 days) Purchase Order # _____
- Credit/Debit Card HSA/Flex Card Care Credit

3 BILLING ADDRESS (Must match card if using)
Name _____
Address _____

City _____ State _____
Postal Code _____ Country _____

4 SHIPPING ADDRESS same as billing
Name _____
Address _____

City _____ State _____
Postal Code _____ Country _____
Recipient's phone number: (required)
(_____) _____

5 CREDIT/DEBIT CARD INFO: (Match billing info)
Card # _____ Expiration Date _____ / _____ CVV _____
Or to receive a secure payment link. Email address: _____

6 EMAIL for order & shipping confirmation: _____

7 PATIENT NAME	PRODUCT CODE	HAND (circle)	FINGER(s) (circle)	SIZE prox	SIZE dist	ADD'L SIZES/ REQUESTS	Price
EXAMPLE 1: Jane Doe	MCP	(R) L	(Th) I M R Sm	29.0 x 22.0	9.5	PVX, BRAC - Magnetic	
EXAMPLE 2: John Doe	LS	R (L)	Th I (M) R Sm	12.5	10.0	Ulnar	
1.		R L	Th I M R Sm				
2.		R L	Th I M R Sm				
3.		R L	Th I M R Sm				
4.		R L	Th I M R Sm				
5.		R L	Th I M R Sm				
6.		R L	Th I M R Sm				
7.		R L	Th I M R Sm				
8.		R L	Th I M R Sm				
9.		R L	Th I M R Sm				
						Shipping	FREE
						Total	