

## Order Form Grip 5

Product Number: **GP5000**

Customer: \_\_\_\_\_

Patient name / number: \_\_\_\_\_

Date & Ordered by: \_\_\_\_\_

Phone / email: \_\_\_\_\_

Purchasing order #: \_\_\_\_\_

1. Pick a color for the Upper Index Finger:      **Black**       **Gray**       **Brown**

2. Pick a color for the Thumb:      **Black**       **Gray**       **Brown**

3. Choose a color for the outer shell (see picture 1)  
(Top) Black, Marine Blue, Sky Blue, Copper Metallic, Dove Gray  
(Bottom) Pewter Metallic, Purple, Red, Silver Metallic, Yellow

Type color:



Picture 1



4. Choose color/material for the inlays  
Black Foam, Gray Foam, Blue Foam,  
Brown Synthetic Leather, Red Foam, White Foam, Purple Foam

Type color/material:

\*\*Type color/material for extra inlays: