



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 _____

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: