

CREATIVE USE REPORT FOR TAMARACK PRODUCTS

Your Name: _____

Company Name: _____

Company Address: _____

Email Address: _____

Phone/Fax: _____ / _____

Include photo with case study

Creative Use:
Circle product(s)

ShearBan®
Clevisphere™

Tamarack Flexure Joint™
Tamarack Variable Assist™

CASE REPORT

Age: _____ Primary Dx: _____

Male/Female Secondary Dx: _____

Describe the Orthotic Challenge/goal:

Describe your new or creative use of the product:

Describe how this approach was more effective, simpler, less expensive or more profitable than other, more common approaches:

Please attach photos, illustrations or diagrams to help explain what you did or how it worked

Submit Your Creative Use Case Study via Mail, Fax or E-mail
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