

	Patient Last Name:	Pa	tient First Name:	
luna	Fitter Last Name:	Fit	ter First Name:	
MEDICAL INC.	Fitter Title:	(e)	rample PT/OT/PTA)	
	Date:			
		//ASSIST ™ & Order Form		
I have watched the online for the ArmAssist" custom		and understand the writ for the ArmAssist [™] custo	-	ve been emailed to: Care.com
rders will not be accepte etter product in less time	d without all three boxes being	checked. Your assis	stance in this will help the pa	itient receive a
PRODUCT OPTIONS				
ARM: Left Rig	ht <u>FOAM:</u> Regular (flat foam) Advai	nced (WaveFoam [™])	
	•	= Locations measured	along dorsal aspect	
		Circumfere	ence	
		\		
Ar	nterior Axilla		Posterior Axilla	
		25cm		
	£I	20cm		
\vdash A	1	_	_	
LLengt	th	15cm	Length	
		² 10cm		
		5cm		
FIF	oow Crease	Olecranon Pr	ocess	
	Sow crease	Ø Point	Elbow—	
	K-1	5cm		
	t-1	10cm		
	t-11		$ \mathbf{C}_{\mathbf{C}}$	
	t-1-1	15cm	Length	
		20cm		
		25cm		
			Ulnar Styloid	
			D	
	1	Third Metac	Length	
	IEA Width of	nand across F. Widt	•	
	/ / / dorsal mate	carnal heads E Wids	hl l	