



Patient Last Name: _____ Patient First Name: _____
 Fitter Last Name: _____ Fitter First Name: _____
 Fitter Title: _____ (example PT/OT/PTA)
 Date: _____

BiaCare **ChipSleeve™ - ARM**
 Measure & Order Form

PRODUCT INFORMATION

ARM: Left Right

Size: _____

Length: _____

Item #: _____

OVERSLEEVE (check one):

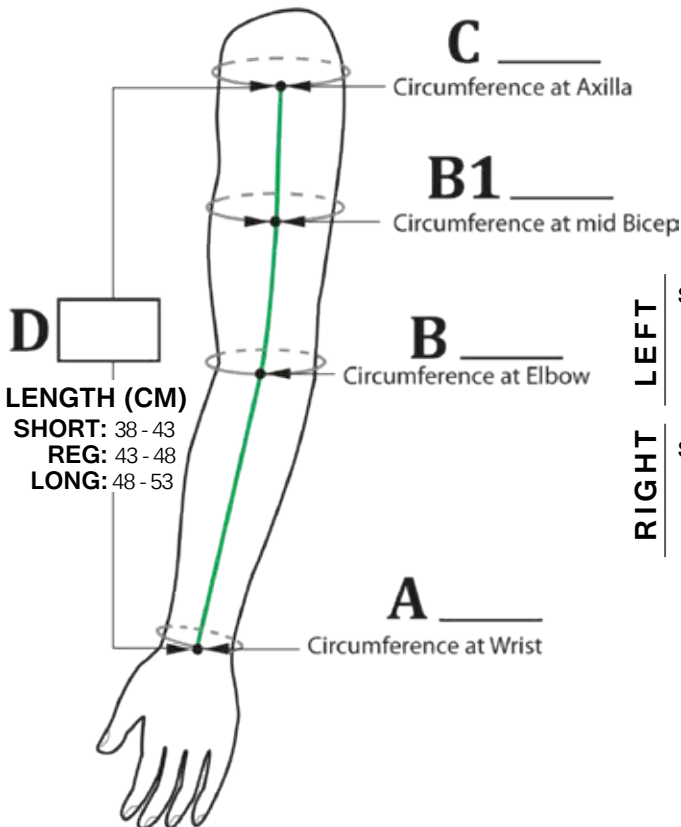
Black Pink Leopard

Navy Tie-Dye Purple Paisley

Note: If no color is specified, a black OverSleeve™ will be included.

Custom Size (use measuring form on page 12 if ordering a custom size ChipSleeve™ - ARM).

SIZING CHART & ITEM NUMBERS



CHIPSLEEVE - ARM

	SMALL	MEDIUM	LARGE	X - LARGE	XX - LARGE	
C	23 - 32	28 - 37	33 - 43	39 - 49	44 - 54	
B1	22 - 30	26 - 34	30 - 39	35 - 44	39 - 49	
B	20 - 27	24 - 31	28 - 35	32 - 39	36 - 43	
A	14 - 17	15 - 18	16 - 19	18 - 20	19 - 22	
LEFT	SHORT	2631 - AS - L	2632 - AS - L	2633 - AS - L	2634 - AS - L	2635 - AS - L
	REG	2631 - AR - L	2632 - AR - L	2633 - AR - L	2634 - AR - L	2635 - AR - L
	LONG	2631 - AL - L	2632 - AL - L	2633 - AL - L	2634 - AL - L	2635 - AL - L
RIGHT	SHORT	2631 - AS - R	2632 - AS - R	2633 - AS - R	2634 - AS - R	2635 - AS - R
	REG	2631 - AR - R	2632 - AR - R	2633 - AR - R	2634 - AR - R	2635 - AR - R
	LONG	2631 - AL - R	2632 - AL - R	2633 - AL - R	2634 - AL - R	2635 - AL - R