



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



MEDAFIT™ - ARM
 Measure & Order Form

PRODUCT INFORMATION

ARM: Left Right

HAND OPTIONS (see page 54)

Size: _____

Check One (MedaHand™ is included if hand product is not selected):

Length: _____

MedaHand™ (Included) MedaGlove™ (Upcharge) Dorsal Pocket Glove (Upcharge)

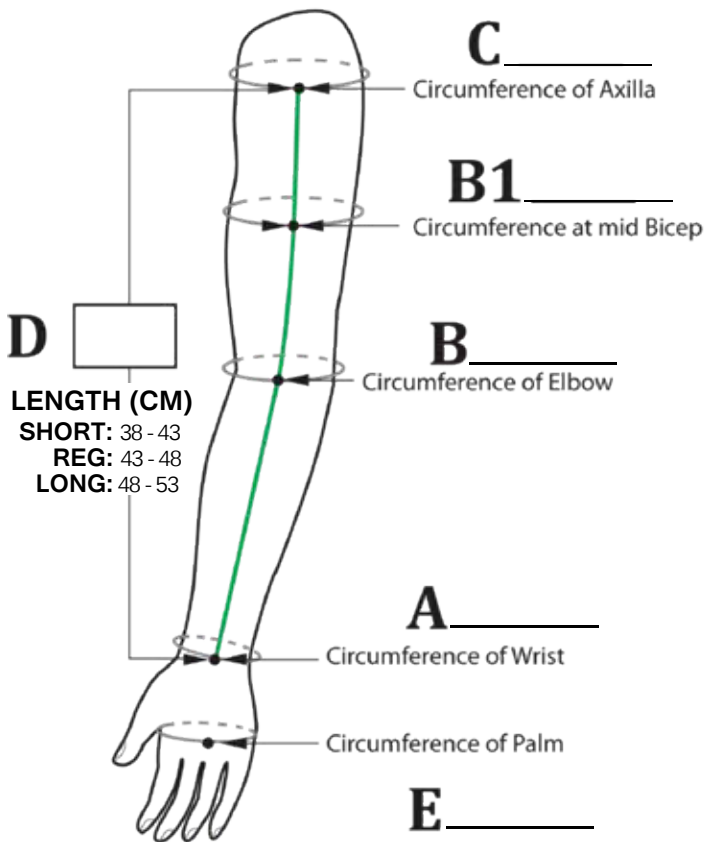
Item #: _____

Hand OverSleeve (pg. 65) Glove OverSleeve (pg. 65)

Size: _____

Item #: _____

SIZING CHART & ITEM NUMBERS



MEDAFIT - ARM

		SMALL	MEDIUM	LARGE	X - LARGE
	C	23 - 32	28 - 37	33 - 43	39 - 49
	B1	22 - 30	26 - 34	30 - 39	35 - 44
	B	20 - 27	24 - 31	28 - 35	32 - 39
	A	14 - 17	15 - 18	16 - 19	18 - 20
LEFT	SHORT	1201 - AS - L	1202 - AS - L	1203 - AS - L	1204 - AS - L
	REG	1201 - AR - L	1202 - AR - L	1203 - AR - L	1204 - AR - L
	LONG	1201 - AL - L	1202 - AL - L	1203 - AL - L	1204 - AL - L
RIGHT	SHORT	1201 - AS - R	1202 - AS - R	1203 - AS - R	1204 - AS - R
	REG	1201 - AR - R	1202 - AR - R	1203 - AR - R	1204 - AR - R
	LONG	1201 - AL - R	1202 - AL - R	1203 - AL - R	1204 - AL - R

HAND SIZING CHART

		SMALL	MEDIUM	LARGE	X - LARGE
E (Palm)		15 - 19	19 - 22	22 - 26	26 - 29
A (Wrist)		14 - 20	16 - 22	18 - 24	20 - 26
RIGHT		1201-H-R	1202-H-R	1203-H-R	1204-H-R
LEFT		1201-H-L	1202-H-L	1203-H-L	1204-H-L