

Upper Extremity Options Form - Flat Knit Custom



Customer name _____ Bill to: _____ Ship to: _____
 Account # _____ P.O. # _____
 Patient Name _____

MATERIAL 1

mediven 550
 mediven mondi esprit

STYLE 2

arm sleeve
 (only)
 long hand section (AD)
 1 piece hand/arm combo
 (one garment)
 2 pieces hand/arm

HANDPIECE 3

gauntlet glove
 finger open
 finger closed

COMPRESSION* 4

	CCL ¹ 15-21mm/Hg	CCL ² 23-32mm/Hg	CCL ³ 34-46mm/Hg
hand section:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
arm sleeve:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUPPORT OPTIONS 5

Topband Options
 Beaded Silicone Topband
 small (2.5cm)
 wide (5cm)
 small (2.5cm) 3/4 diameter
 Profile (honeycomb pattern 5cm)
 Peony (beaded 5cm)
 Beaded Silicone Pieces at G
 5 x 5
 5 x 10 width

Shoulder Attachments
 Shoulder Strap (K)
 small (2.5cm) (adjustable)
 wide (5cm) (velcro)
 Bra attachment strap
 width of bra strap _____cm
 Shoulder Cap
 (partial compression)
 Standard
 (partial shoulder width)
 Anatomical
 (encompasses shoulder, must
 include Box 3 from page one)

OBLIQUE ENDING AT G 6

Standard Oblique (approx. 5%)
 Steep Oblique (approx. 10%)
 Straight Ending

**KNITTING MARKS
 (FLEXION ANGLE) AT ELBOW** 7

160 degrees (standard)
 150 degrees
 135 degrees (greatest flexion)

OTHER OPTIONS 8

Silk Lining Material
 location:

 (please include drawing in notes section)
 width _____cm length _____cm

Lymphpad (removable)
 location:

 (please include drawing in notes section)
 width _____cm length _____cm

QUANTITY/COLOR 9
*Trend colors require an extra five days for delivery.

_____ Left _____ Right _____ Pair

Caramel Black Sand
 Brown* Navy* Aqua*
 Magenta* Anthracite*

DESIGN ELEMENTS 10

Live Laugh Love
 Sportive
 Timeless

NOTES/ADDITIONAL INFO 11

page 2 of 2 (remember to fax with page 1)

Upper Extremity Options Form - Flat Knit Custom



Customer name _____ Bill to: _____ Ship to: _____

Account # _____ P.O. # _____

Patient Name _____

HAND SECTION 1

Ending Circumference cZ
Base Circumference cX

Thumb
cZ _____ cm
cX _____ cm

Length finger 1 _____ cm
Length finger 2 _____ cm
Length finger 3 _____ cm
Length finger 4 _____ cm
Length finger 5 _____ cm

ARM SLEEVE 2

Circumference

Length cG-H _____ cm

Length _____ cm

Shoulder strap _____ cm

_____ cm

_____ cm

_____ cm

_____ cm

_____ cm

_____ cm

_____ cm

_____ cm

SHOULDER CAP (OPTIONAL) 3

Shoulder width _____ cm
(do not encroach into anterior/posterior axillary fold)

page 1 of 2 (remember to fax with page 2)