Custom Asymmetrical/Lipoma Arm Garment Measurement Form

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

Measuring for:
☐ Left Side
☐ Right Side

Measuring in:
☐ Inches
☐ Centimeters

Custom options:
☐ Axilla cut-out
☐ Zipper
☐ Classic Glove Design
☐ D-Rings
☐ Shoulder Extension

Check one color choice (default color is black):
☐ Black
☐ Brown
☐ Burgundy
☐ Camouflage (green)
☐ Camouflage (desert)
☐ Carolina Blue
☐ Charcoal
☐ Deep Sea Blue
☐ Forest Green
☐ Grape
☐ Navy Blue
☐ Royal Blue

Special Requests:
____________________________________
____________________________________
____________________________________

Measure with arm held out straight from body
Photographs are REQUIRED for all asymmetrical orders

Fill in all circumferences:

<table>
<thead>
<tr>
<th>(Axilla)</th>
<th>i</th>
<th>Anterior</th>
<th>Posterior</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Widest part of Bulge)</td>
<td>h</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>(Bicep)</td>
<td>g</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>(Area just before Bulge)</td>
<td>f</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>(Elbow)</td>
<td>e</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>(Forearm)</td>
<td>d</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>(Wrist)</td>
<td>c</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>(Palm)</td>
<td>b</td>
<td>---</td>
<td>---</td>
</tr>
</tbody>
</table>

Fill in all lengths:

a-i ______ Fingertips to Axilla
b-c ______ Wrist to Axilla
c-h ______ Wrist to Widest Part of Bulge
c-g ______ Wrist to Bicep
c-f ______ Wrist to Area Just Before Bulge
c-e ______ Wrist to Elbow
c-d ______ Wrist to Forearm
c-a ______ Wrist to Fingertips
   ______ Axilla to Bulge
   ______ Length of Bulge Contoured