Custom Asymmetrical/Lipoma Arm Garment Measurement Form

Account Number: LUNA1FL

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:

(Axilla) i __________ __________ __________

(Widest part of Bulge) h __________ __________ __________

(Bicep) g __________ __________ __________

(Area just before Bulge) f __________ __________ __________

(Elbow) e __________ __________ __________

(Forearm) d __________ __________ __________

(Wrist) c __________

(Palm) b __________

Fill in all lengths:

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