Non-Custom Arm Garment
Measurement Form and Sizing Chart

Account Number: LUNA1FL

Patient Last Name: __________________________
Patient First Name: _________________________
Fitter Last Name: __________________________
Fitter First Name: __________________________
Fitter Title: _______________________________
(example PT/OT/PTA)
Date: ________________________________

Check all products and provide quantities for this order:

RM - Upper Extremity
☐ Qty ___ 13 S-23
☐ Qty ___ 13 M-25
☐ Qty ___ 13 L-27

☐ Qty ___ 16 S-23
☐ Qty ___ 16 M-25
☐ Qty ___ 16 L-27

OptiFlow Packs
☐ Qty ___ Oval (Lg)
☐ Qty ___ Oval (Sm)
☐ Qty ___ Oval (1/2)
☐ Qty ___ Round (Lg)
☐ Qty ___ Round (Sm)

☐ Qty ___ T (Lg)
☐ Qty ___ T (Sm)
☐ Qty ___ Rectangle (Sm)
☐ Qty ___ U

Fill in all circumferences:

Fill in length:

a-g ______ Fingertips to Axilla

g ______ Axilla

c ______ Elbow

c ______ Wrist

Measurement in:
☐ Inches
☐ Centimeters

Please do initial fitting of all OptiFlow® RM products with the provided cotton stockinette. If the fit is not correct, immediately remove; garments are returnable for exchange only if cotton stockinette is utilized. Soiled or used garments are non-returnable, non-refundable.