Product Information Form (UPPER EXTREMITY)

PLEASE CHECK/CIRCLE REQUESTED MEDICAL PRODUCTS **Last Name: _____**

Elastic Support for daytime compression:

Note: Please refer to the manufacturers' Measurement Forms provided by Luna Medical, Inc. for specifications.

Extremity:		Left arm
		Right arm
		Both arms
Brand (Arm):		Juzo
		Jobst
		Medi
Style (Arm):		Wrist to axilla
		Wrist to over shoulder
Brand (Hand):		Juzo
		Jobst
		Medi
Style (Hand):		Hand glove with finger stubs
		Hand gauntlet with thumb stub only

Non-Elastic Support for nighttime compression:

***These garments include the arm and hand.**

Extremity:		Left arm
		Right arm
		Both arms

CircAid:		Measure-Up
JoViPak:		JoViPak with JoViPak Jacket
		(**circle**: arm/hand or vest)
ReidSleeve:		Classic
		Comfort Plus with PowerSleeve **formerly ContourPlus**
		Jazz with PowerSleeve
		Opera with PowerSleeve
		OptiFlow SC with PowerSleeve
		OptiFlow RM
Tribute:		Tribute with Outer Jacket
		(**circle**: arm/hand or vest)

Pressotherapy (Compression therapy device):

Lympha Press:		Model 201M (**circle one:** 10 chamber arm /hand garment with 1 chamber shoulder attachment **or** 10 chamber arm/hand garment with 8 chamber thoracic vest)