Patient Last Name: _____ Patient First Name: _____

Fitter Last Name: _____ Fitter First Name: _____

Fitter Title: _____ (example: PT/OT/PTA)

Date: _____

sigvaris

Armassist

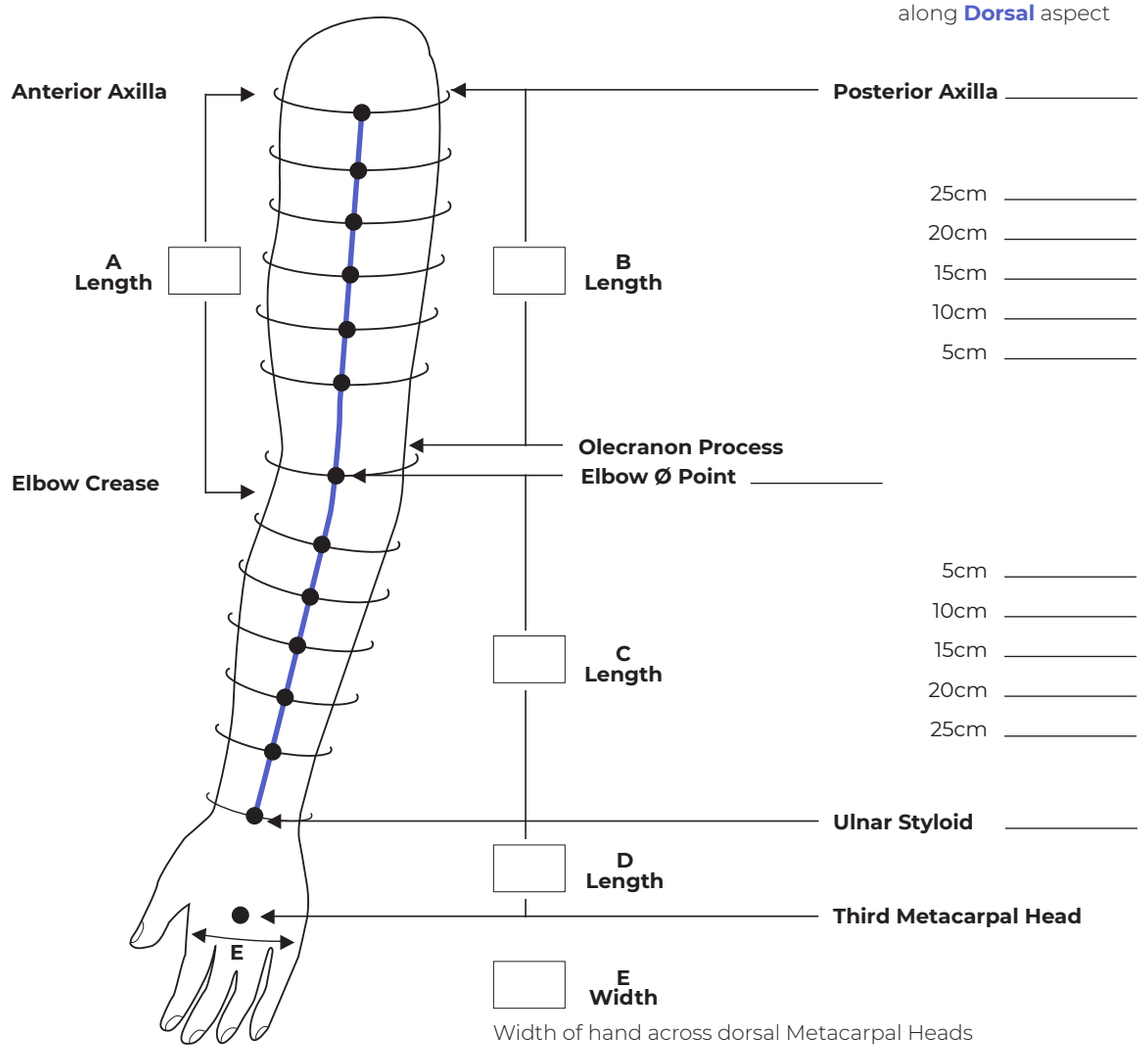
Product Information

Product includes one Armassist and one pair of Cotton Liners.

☐ Right Arm
Size: ☐ Regular ☐ Super

☐ Left Arm
Size: ☐ Regular ☐ Super

Foam
☐ Flat
☐ Wavefoam

Circumference Measurements

● = Locations measured along **Dorsal** aspect