



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

# SIGVARIS

## FoamSleeve™ - ARM

Measure & Order Form

### PRODUCT INFORMATION

ARM:  Left  Right

Size: \_\_\_\_\_

Length: \_\_\_\_\_

Item #: \_\_\_\_\_

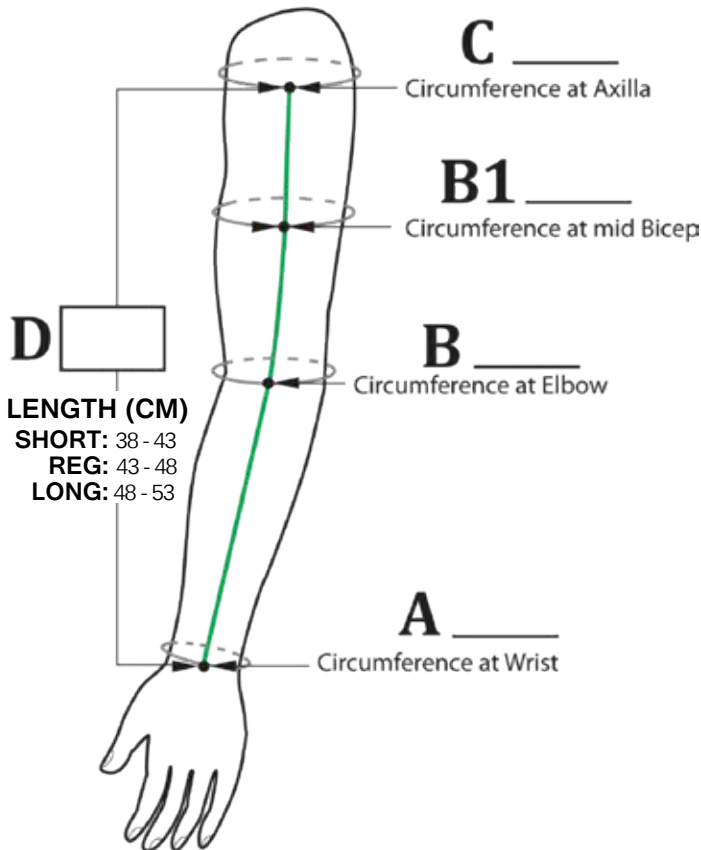
OVERSLEEVE (check one):

Black  Pink  Leopard

Navy  Tie-Dye  Purple Paisley

**Note:** If no color is specified, a black OverSleeve™ will be included.

### SIZING CHART & ITEM NUMBERS



### FOAMSLEEVE - ARM

	SMALL	MEDIUM	LARGE	X - LARGE	
<b>C</b>	23 - 32	28 - 37	33 - 43	39 - 49	
<b>B1</b>	22 - 30	26 - 34	30 - 39	35 - 44	
<b>B</b>	20 - 27	24 - 31	28 - 35	32 - 39	
<b>A</b>	14 - 17	15 - 18	16 - 19	18 - 20	
<b>LEFT</b>	<b>SHORT</b>	1603 - AS - L	1605 - AS - L	1607 - AS - L	1609 - AS - L
	<b>REG</b>	1603 - AR - L	1605 - AR - L	1607 - AR - L	1609 - AR - L
	<b>LONG</b>	1603 - AL - L	1605 - AL - L	1607 - AL - L	1609 - AL - L
<b>RIGHT</b>	<b>SHORT</b>	1603 - AS - R	1605 - AS - R	1607 - AS - R	1609 - AS - R
	<b>REG</b>	1603 - AR - R	1605 - AR - R	1607 - AR - R	1609 - AR - R
	<b>LONG</b>	1603 - AL - R	1605 - AL - R	1607 - AL - R	1609 - AL - R