



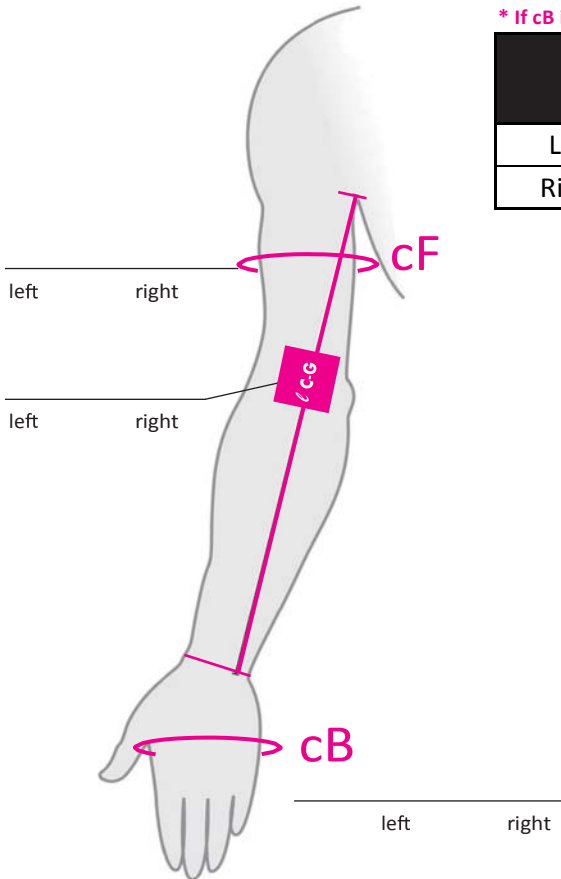
CIRCAID REDUCTION KIT ARM/HAND GARMENT MEASUREMENT FORM

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

arm kit: Check the box next to the corresponding length and width.

* If cB is > 25cm hand wrap will not fit, though reduction arm component may still be used.

	Length		Width		Quantity
	Standard	Long	Regular	Wide	
Left	<input type="checkbox"/> C-G < 45cm	<input type="checkbox"/> C-G > 45cm	<input type="checkbox"/> cF < 50cm	<input type="checkbox"/> cF 50-80cm	
Right	<input type="checkbox"/> C-G < 45cm	<input type="checkbox"/> C-G > 45cm	<input type="checkbox"/> cB < 25cm*	<input type="checkbox"/> cB < 25cm*	



Each arm kit includes:

- 1 reduction arm component
- 1 pair undersleeve arm
- 1 customizable hand wrap
- 1 Built-In-Tension guide card
- 1 paper measuring tape
- 1 direction for use

additional ancillary items:

undersleeve arm standard Standard <50cm max circ. Quantity (Each)	undersleeve arm wide Wide <80cm max circ. Quantity (Each)	reduction kit shelf strap Quantity (Each)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>