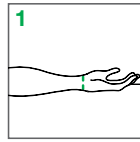


ExoCustom™ Upper Extremity Measuring and Order Form

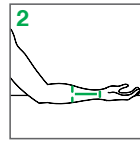


Measuring Instructions

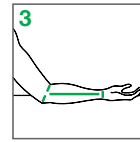
- Have a non-toxic washable marker, tape measure, and pen available.
- Measure client after therapy or in the morning.
- Measure your client's arm with the arm relaxed and slightly bent ($\approx 35^\circ$), and palm facing up.
- Measure lengths on the medial / inside of the arm, following bend of arm.



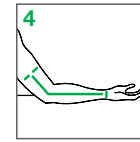
C
Distal Wrist Crease



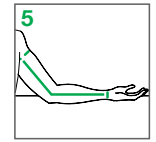
D
Distal Wrist Crease to Mid-Forearm



E
Distal Wrist Crease to Elbow Crease



F
Distal Wrist Crease to Mid-Biceps
Follow bend of arm



G
Distal Wrist Crease to Axilla
Follow bend of arm

Ordering Information

Date:	PO:		
Customer / Account:			
Client / ID:			
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male			
Quantity & Item Code			
Qty	EC-UE-	L / R	
	EC-UE-	L / R	
Color: <input type="checkbox"/> Beige L / R <input type="checkbox"/> Black L / R			
Compression			
<input type="checkbox"/> 18 - 21mmHg L / R <input type="checkbox"/> 23 - 32mmHg L / R			
<input type="checkbox"/> 34 - 46mmHg L / R			
Modifications			
Qty	Pocket - Elbow		
	Silicone <i>(select Width and Place options)</i>		
Width: <input type="checkbox"/> 3.5cm L / R <input type="checkbox"/> 5cm L / R			
Place: <input type="checkbox"/> Inside L / R <input type="checkbox"/> 3/4 Inside L / R			
<input type="checkbox"/> Top L / R			
Zipper L / R <i>(note start / end location below)</i>			
Label Placement on Garment			
Place: <input type="checkbox"/> Inside L / R <input type="checkbox"/> Outside L / R			
Priority Production			
<input type="checkbox"/> Priority Production <i>(additional fee)</i>			
Comments			

CIRCUMFERENCE:

Please measure in centimeters

LENGTH |

We suggest that you include additional circumferences and length measurements for more asymmetrical shaped arms.

