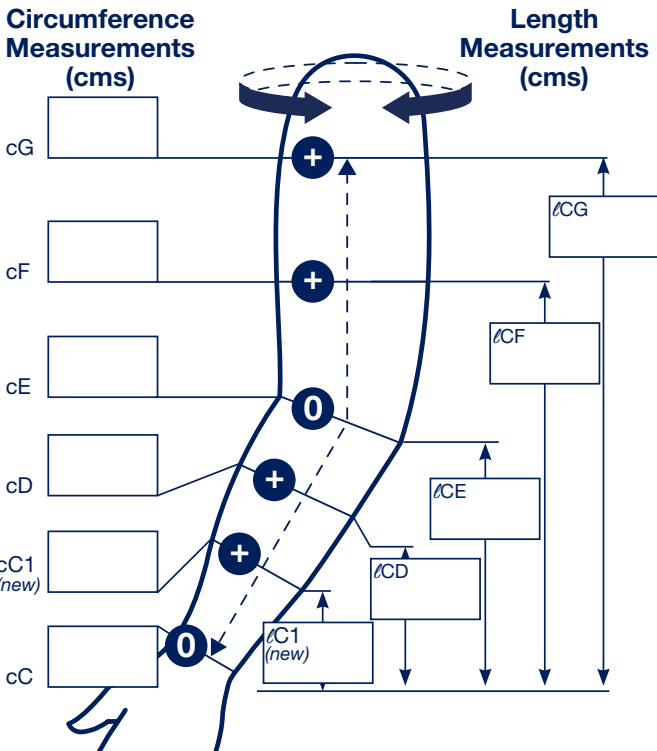




Patient Last Name: _____ **Patient First Name:** _____
Fitter Last Name: _____ **Fitter First Name:** _____
Fitter Title: _____ **(example: PT/OT/PTA)**
Date: _____

Color <input type="checkbox"/> Beige <input type="checkbox"/> Caramel <input type="checkbox"/> Anthracite Heather <input type="checkbox"/> Black <input type="checkbox"/> Jeans Heather <input type="checkbox"/> Red Heather	Quantity/Class Left	CCL1 (15-21mmHg*)	CCL2 (23-32 mmHg*)
	Right		
Lateral Rise is 10% of circumference at G and is not adjustable (ex: if cG is 35cm then lateral rise is 3.5cm)	Elbow Options <input type="checkbox"/> Elbow Comfort Zone Elbow Bend Options <input type="checkbox"/> Elbow 25 Degree (standard) <input type="checkbox"/> Elbow 45 Degree	Decorative Options <input type="checkbox"/> Decorative Line (Front of garment) <input type="checkbox"/> Patient Initials Max 2 letters (A-Z) _____	Silicone Band <input type="checkbox"/> No Silicone <input type="checkbox"/> SoftFit <input type="checkbox"/> 2.5 Top <input type="checkbox"/> 2.5 Inside 1/2



Measuring Guidelines

(Only applicable for Confidence)

See Arm Diagram for applicable tension at each landmark.

0 no tension

+ light tension

cG = 0 no tension with silicone band

cG = + light tension without band

lC1 = 5 to 7cm above cC

(lCG must be taken with the arm bent)