



Custom Arm Garment Measurement Form

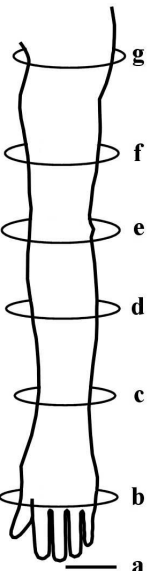


Patient Last Name: _____ **Patient First Name:** _____
Fitter Last Name: _____ **Fitter First Name:** _____
Fitter Title: _____ **(example: PT/OT/PTA)**
Date: _____

Check all products for this order:

(♦Material colors are subject to change without notice)

- | | | |
|--|---|--|
| <input type="checkbox"/> Classic ReidSleeve® w/ Gauge | <input type="checkbox"/> Precise Gauge (stand alone) | <input type="checkbox"/> Comfort Sleeve♦ w/ _____ PowerSleeve(s) |
| <input type="checkbox"/> Classic ReidSleeve® w/o Gauge | <input type="checkbox"/> PowerSleeves®♦ (stand alone) Qty: ____ | <input type="checkbox"/> Comfort Hand Piece♦ w/ _____ PowerSleeve(s) |
| <input type="checkbox"/> Carry Case (single) | <input type="checkbox"/> TheCinch® | <input type="checkbox"/> Comfort Plus♦ w/ _____ PowerSleeve(s) |
| <input type="checkbox"/> Carry Case (bilateral) | <input type="checkbox"/> OptiFlow® EC | <input type="checkbox"/> The Opera♦ w/ _____ PowerSleeve(s) |
| | | <input type="checkbox"/> OptiFlow® SC♦ w/ _____ PowerSleeve(s) |
| | | <input type="checkbox"/> The Jazz w/ _____ PowerSleeve(s) |



Fill in all circumferences:

g _____ Axilla
f _____ Bicep
e _____ Elbow
d _____ Forearm
c _____ Wrist
b _____ Palm

Measuring for:
 Left Side
 Right Side

Measuring in:
 Inches
 Centimeters

Fill in all lengths:

a-g _____ Fingertips to Axilla
b-g _____ Knuckles to Axilla

c-g _____ Wrist to Axilla
c-f _____ Wrist to Bicep
c-e _____ Wrist to Elbow
c-d _____ Wrist to Forearm
c-b _____ Wrist to Knuckles
c-a _____ Wrist to Fingertips

Custom Options - Universal:
 Shoulder Extension

Custom Options - Classic Only:
 Axilla cut-out Classic glove design
 Zipper
 Asymmetrical (Use Asymmetrical form)
 D-Rings

Custom Colors - Classic Only:
Shell#: _____
Accent: _____
Liner#: _____

Custom Colors - Jazz Only:
Hook#: _____
Liner#: _____
PowerSleeve#: _____

(■ Default color is black)