



# Custom Asymmetrical/Lipoma Arm Garment Measurement Form



Account Number: LUNA1FL

Patient Last Name: \_\_\_\_\_ Patient First Name: \_\_\_\_\_

Fitter Last Name: \_\_\_\_\_ Fitter First Name: \_\_\_\_\_

Fitter Title: \_\_\_\_\_ (example PT/OT/PTA)

Date: \_\_\_\_\_

|  |  |   |  |
|--|--|---|--|
| <b>Measuring for:</b><br><input type="checkbox"/> Left Side<br><input type="checkbox"/> Right Side | <b>Custom options:</b><br><input type="checkbox"/> Axilla cut-out<br><input type="checkbox"/> Zipper<br><input type="checkbox"/> Classic Glove Design<br><input type="checkbox"/> D-Rings<br><input type="checkbox"/> Shoulder Extension | <b>Check one color choice</b> (default color is black) :<br><input type="checkbox"/> Black<br><input type="checkbox"/> Brown<br><input type="checkbox"/> Burgundy<br><input type="checkbox"/> Camouflage (green)<br><input type="checkbox"/> Camouflage (desert)<br><input type="checkbox"/> Carolina Blue<br><input type="checkbox"/> Charcoal<br><input type="checkbox"/> Deep Sea Blue<br><input type="checkbox"/> Forest Green<br><input type="checkbox"/> Grape<br><input type="checkbox"/> Navy Blue<br><input type="checkbox"/> Royal Blue<br><input type="checkbox"/> Turquoise | <b>Special Requests:</b><br>_____<br>_____<br>_____<br>_____ |
| <b>Measuring in:</b><br><input type="checkbox"/> Inches<br><input type="checkbox"/> Centimeters    |  |   |  |

**Measure with arm held out straight from body**

**Photographs are REQUIRED for all asymmetrical orders**

**Fill in all circumferences:**

|                            | Total | Anterior | Posterior |
|----------------------------|-------|----------|-----------|
| (Axilla) i                 | _____ | _____    | _____     |
| (Widest part of Bulge) h   | _____ | _____    | _____     |
| (Bicep) g                  | _____ | _____    | _____     |
| (Area just before Bulge) f | _____ | _____    | _____     |
| (Elbow) e                  | _____ | _____    | _____     |
| (Forearm) d                | _____ | _____    | _____     |
| (Wrist) c                  | _____ | _____    | _____     |
| (Palm) b                   | _____ | _____    | _____     |

**Fill in all lengths**

a-i \_\_\_\_\_ Fingertips to Axilla

c-i \_\_\_\_\_ Wrist to Axilla

c-h \_\_\_\_\_ Wrist to Widest Part of Bulge

c-g \_\_\_\_\_ Wrist to Bicep

c-f \_\_\_\_\_ Wrist to Area Just Before Bulge

c-e \_\_\_\_\_ Wrist to Elbow

c-d \_\_\_\_\_ Wrist to Forearm

c-a \_\_\_\_\_ Wrist to Fingertips

\_\_\_\_\_ Axilla to Bulge

\_\_\_\_\_ Length of Bulge Contoured