Custom Asymmetrical/Lipoma Arm Garment Measurment Form

Patient Last Name: _____ **Patient First Name:** _____

Fitter Last Name: _____ **Fitter First Name:** _____

Fitter Title: _____ **(example: PT/OT/PTA)**

Date: _____

Measuring for:
- ☐ Left Side
- ☐ Right Side

Measuring in:
- ☐ Inches
- ☐ Centimeters

Custom options:
- ☐ Axilla cut-out
- ☐ Zipper
- ☐ Classic Glove Design
- ☐ D-Rings
- ☐ Shoulder Extension

Check one color choice (default color is black) **:**

☐ Black	☐ Charcoal	☐ Turquoise
☐ Brown	☐ Deep Sea Blue	
☐ Burgundy	☐ Forest Green	
☐ Camoflauge (green)	☐ Grape	
☐ Camoflauge (desert)	☐ Navy Blue	
☐ Carolina Blue	☐ Royal Blue	

Special Requests:

_____

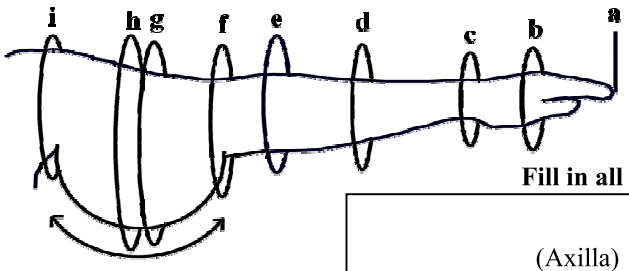
_____

_____

_____

_____

Anterior



Posterior

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

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