



Non-Custom Arm Garment Measurement Form and Sizing Chart



Peninsula Medical
INC

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

Check all products and provide quantities for this order:

RM -Upper Extremity

- Qty ____ 13 S-23
- Qty ____ 13 M-25
- Qty ____ 13 L-27
- Qty ____ 16 S-23
- Qty ____ 16 M-25
- Qty ____ 16 L-27

OptiFlow Packs

- Qty ____ Oval (Lg)
- Qty ____ Oval (Sm)
- Qty ____ Oval (1/2)
- Qty ____ Round (Lg)
- Qty ____ Round (Sm)
- Qty ____ T (Lg)
- Qty ____ T (Sm)
- Qty ____ Rectangle (Sm)
- Qty ____ U

**Fill in all
circumferences:**

- g ____ Axilla
- e ____ Elbow
- c ____ Wrist

Fill in length:

- a-g ____ Fingertips
to Axilla

Measuring in:

- Inches
- Centimeters

		Size					
		13S-23	13M-25	13L-27	16S-23	16M-25	16L-27
Length (fingertips to axilla)	in	22 – 23	24 – 25	26 – 27	22 – 23	24 – 25	26 – 27
	cm	55.5 – 58.5	61.0 – 63.5	66.0 – 68.5	55.5 – 58.5	61.0 – 63.5	66.0 – 68.5
Axilla (circumference)	in	10 – 13			>13 – 16		
	cm	25.5 – 33.0			>33.0 – 41.0		
Elbow (circumference)	in	8 – 11 ½			11 – 14 ¾		
	cm	20.0 – 29.0			28.0 – 37.5		
Wrist (circumference)	in	5 ½ – 7 ½			>7 ½ – 8 ½		
	cm	14.0 – 19.0			>19.0 – 21.5		

Please do initial fitting of all OptiFlow® RM products with the provided cotton stockinette. If the fit is not correct, immediately remove; garments are returnable for exchange only if cotton stockinette is utilized. Soiled or used garments are non-returnable, non-refundable.