



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

sigvaris

Chipsleeve Custom Arm

Product Information	
Product includes one Chipsleeve Custom Arm, one pair of Cotton Liners, and one black Oversleeve.	
<input type="checkbox"/> Right Arm	Color: Black
<input type="checkbox"/> Left Arm	Color: Black

Important

Exact measurements are critical for this garment to ensure a proper fit. If you'd like to learn more about measuring and fitting, attend our MCE Basic Fitter Training. To sign up, visit sigvariseducation.com or contact your local territory manager for more information.

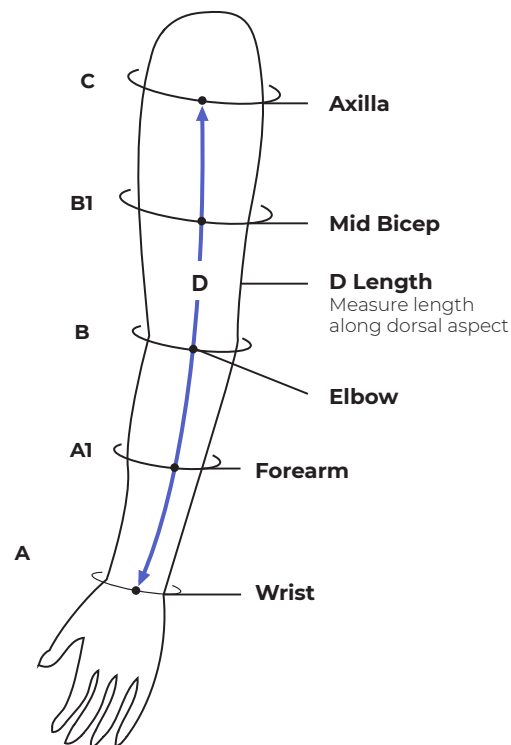
Alternatively, call Customer Care Solution Center at **800-322-7744**, or e-mail us_orders@sigvaris.com, to receive a remote consultation/training.

Supplies Needed

- Cell phone with camera. Photos of the arm with measurement markings must be emailed to: us_orders@sigvaris.com
- Measuring instructions and forms.
- SIGVARIS GROUP Measuring tape and body pen (or eyeliner pencil).
- Signed Custom Order Terms & Conditions Form (include with order).

Circumference
Left Right

C	_____	_____
B1	_____	_____
B	_____	_____
A1	_____	_____
A	_____	_____
D Length		
<i>Measure length along dorsal aspect</i>		
D	_____	_____



MEASURING INSTRUCTIONS

With patient seated, place the arm extended and elbow bent slightly, with the palm down, on a flat surface.

CIRCUMFERENCES

Measure circumference at palm and record on line E.
 Measure circumference at wrist, and record on line A.
 Mark dorsal aspect at distal edge of tape.
 Measure circumference at forearm, and record on line A1.
 Measure circumference at elbow, and record on line B.
 Measure circumference at mid bicep, and record on line B1.
 Measure circumference at axilla, and record on line C.
 Mark dorsal aspect at proximal edge of tape.

LENGTH

Measure length at dorsal aspect from mark at Point A to mark at Point C and record in box D.