Orders will not be accepted without all three boxes being checked. Your assistance in this will help the patient receive a better product in less time.

**PRODUCT OPTIONS**

**ARM:** □ Left  □ Right

**FOAM:** □ Regular (flat foam)  □ Advanced (WaveFoam™)

- = Locations measured along dorsal aspect

**Circumference**

- Anterior Axilla
- Posterior Axilla
- Elbow Crease
- Olecranon Process
- Ø Point
- Elbow
- Ulnar Styloid
- Third Metacarpal Head

**Length**

- A Length
- B Length
- C Length
- D Length

**Width**

- E Width

I have watched the online instruction video for the ArmAssist™ custom garment.

I have read and understand the written measuring instructions for the ArmAssist™ custom garment.