



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

CompreSleeve™ - ARM
 Measure & Order Form

SIGVARIS

PRODUCT INFORMATION

ARM: Left Right

Size: _____

Length: _____

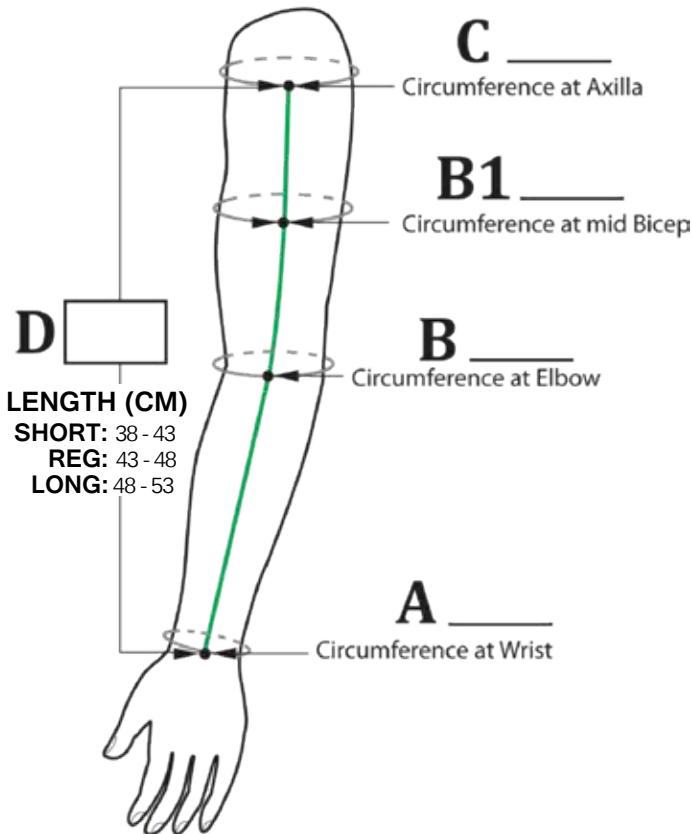
Item #: _____

OVERSLEEVE (additional cost):

Black Pink Leopard

Navy Tie-Dye Purple Paisley

SIZING CHART & ITEM NUMBERS



COMPRESLEEVE - ARM

	SMALL	MEDIUM	LARGE	X - LARGE	
C	23 - 32	28 - 37	33 - 43	39 - 49	
B1	22 - 30	26 - 34	30 - 39	35 - 44	
B	20 - 27	24 - 31	28 - 35	32 - 39	
A	14 - 17	15 - 18	16 - 19	18 - 20	
LEFT	SHORT	1501 - SHO - L	1502 - SHO - L	1503 - SHO - L	1504 - SHO - L
	REG	1501 - REG - L	1502 - REG - L	1503 - REG - L	1504 - REG - L
	LONG	1501 - LNG - L	1502 - LNG - L	1503 - LNG - L	1504 - LNG - L
RIGHT	SHORT	1501 - SHO - R	1502 - SHO - R	1503 - SHO - R	1504 - SHO - R
	REG	1501 - REG - R	1502 - REG - R	1503 - REG - R	1504 - REG - R
	LONG	1501 - LNG - R	1502 - LNG - R	1503 - LNG - R	1504 - LNG - R