



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

SIGVARIS

FoamSleeve™ - ARM

Measure & Order Form

PRODUCT INFORMATION

ARM: Left Right

Size: _____

Length: _____

Item #: _____

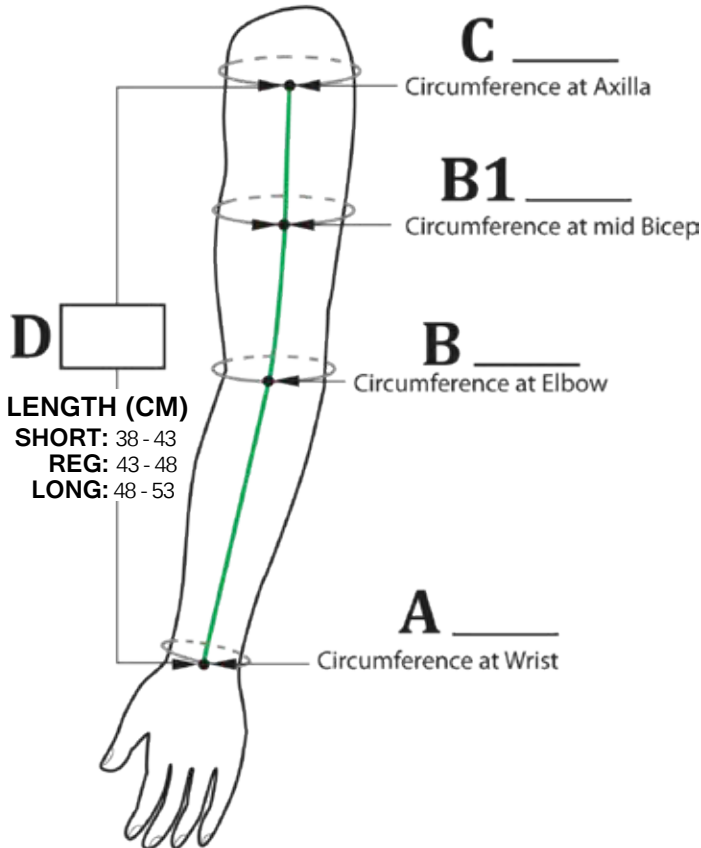
OVERSLEEVE (check one):

Black Pink Leopard

Navy Tie-Dye Purple Paisley

Note: If no color is specified, a black OverSleeve™ will be included.

SIZING CHART & ITEM NUMBERS



FOAMSLEEVE - 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	1603 - AS - L	1605 - AS - L	1607 - AS - L	1609 - AS - L
	REG	1603 - AR - L	1605 - AR - L	1607 - AR - L	1609 - AR - L
	LONG	1603 - AL - L	1605 - AL - L	1607 - AL - L	1609 - AL - L
RIGHT	SHORT	1603 - AS - R	1605 - AS - R	1607 - AS - R	1609 - AS - R
	REG	1603 - AR - R	1605 - AR - R	1607 - AR - R	1609 - AR - R
	LONG	1603 - AL - R	1605 - AL - R	1607 - AL - R	1609 - AL - R