



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

ExoCustom™ Upper Extremity Measuring and Order Form

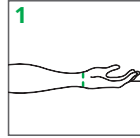
Measuring Instructions

Have a non-toxic washable marker, tape measure, and pen available.

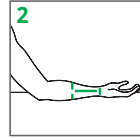
Measure client after therapy or in the morning.

Measure your client's arm with the arm relaxed and slightly bent ($\approx 35^\circ$), and palm facing up.

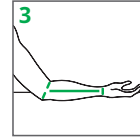
Measure lengths on the medial / inside of the arm, following bend of arm.



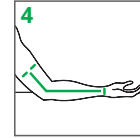
C
Distal Wrist Crease



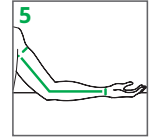
D
Distal Wrist Crease to Mid-Forearm



E
Distal Wrist Crease to Elbow Crease



F
Distal Wrist Crease to Mid-Biceps
Follow bend of arm



G
Distal Wrist Crease to Axilla
Follow bend of arm

Ordering Information

Quantity & Item Code	
Qty	EC-UE- L / R
	EC-UE- L / R
Color: <input type="checkbox"/> Beige L / R <input type="checkbox"/> Black L / R	
Compression	
<input type="checkbox"/> 18 - 21mmHg L / R <input type="checkbox"/> 23 - 32mmHg L / R	
<input type="checkbox"/> 34 - 46mmHg L / R	
Modifications	
Qty	Pocket - Elbow
	Silicone <i>(select Width and Place options)</i>
Width: <input type="checkbox"/> 3.5cm L / R <input type="checkbox"/> 5cm L / R	
Place: <input type="checkbox"/> Inside L / R <input type="checkbox"/> 3/4 Inside L / R	
	<input type="checkbox"/> Top L / R
	Zipper L / R <i>(note start / end location below)</i>
Label Placement on Garment	
Place: <input type="checkbox"/> Inside L / R <input type="checkbox"/> Outside L / R	
Priority Production	
	Priority Production <i>(additional fee)</i>
Comments	

CIRCUMFERENCE C

Please measure in centimeters

LENGTH I

We suggest that you include additional circumferences and length measurements for more asymmetrical shaped arms.

