



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

Exo Custom™ Upper Extremity Measuring and Order Form

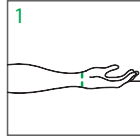
Measuring Instructions

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

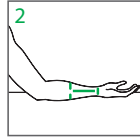
Measure client after therapy or in the morning.

Measure your client's arm with the arm relaxed and slightly bent (≈ 35°), and palm facing up.

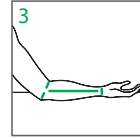
Measure lengths on the medial / inside of the arm, following bend of arm.



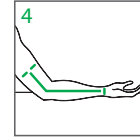
1
C
Distal Wrist Crease



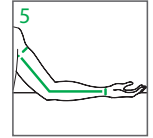
2
D
Distal Wrist Crease to Mid-Forearm



3
E
Distal Wrist Crease to Elbow Crease



4
F
Distal Wrist Crease to Mid-Biceps
Follow bend of arm



5
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 - 21 mmHg L / R <input type="checkbox"/> 23 - 32 mmHg L / R |
| <input type="checkbox"/> | 34 - 46 mmHg L / R |
| Modifications | |
| Qty | Pocket - Elbow |
| <input type="checkbox"/> | Silicone (select Width and Place options) |
| Width: | <input type="checkbox"/> 3.5 cm 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 (note start / end location below) |
| Label Placement on Garment | |
| Place: | <input type="checkbox"/> Inside L / R <input type="checkbox"/> Outside L / R |
| Priority Production | |
| <input type="checkbox"/> | Priority Production (additional fee) |
| Comments | |
| | |
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| | |
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| | |
| | |

CIRCUMFERENCE C Please measure in centimeters LENGTH I

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

