

Pure Night Upper Extremity Order Form



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

GARMENT

Style PN - UE -
 Left Arm Right Arm
 Thumb Slit Full Thumb

Channeling
 Chevron Vertical

Containment
 #1 Original #2 Stiffer

Compression
 20-30 mmHg 30-40 mmHg

Modifications Placement Instruction

- Pull-up Loops
- Digit Spacers
- Zippers
- Closure

Accessories

- Pure Cover

Notes:

MEASUREMENTS

(All measurements in centimeters)

C = Circumference

L = Length

