



ExoSoft™ Order Form

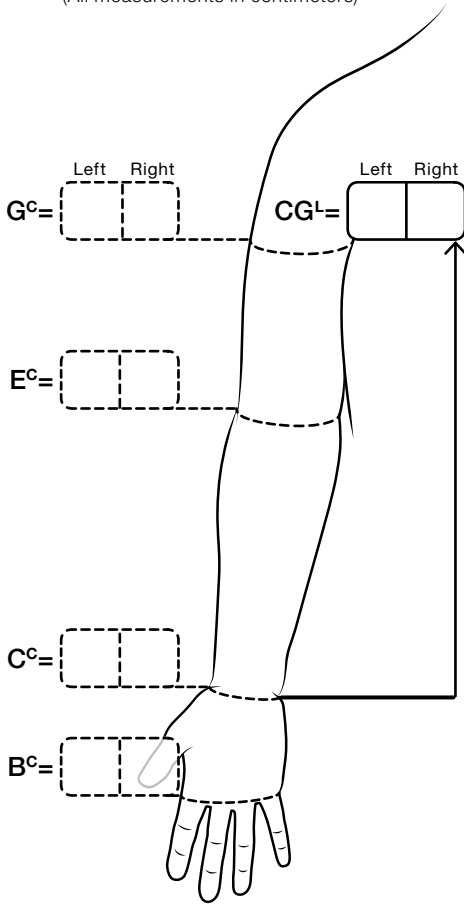
UPPER EXTREMITY

1 Order Information

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

2 Measurements

(All measurements in centimeters)



3 Products

(All measurements in centimeters)

ExoSoft Arm Sleeve (sold individually)

Size	Circumference			Length CG ^L	Proximal Edge Options	Qty.	
	C ^c	E ^c	G ^c			Beige	Black
Small	15-17	24-27	27-30	less than 43	<input type="checkbox"/> Silicone <input type="checkbox"/> Knit		
				more than 43	<input type="checkbox"/> Silicone <input type="checkbox"/> Knit		
Medium	17-19	27-31	31-35	less than 43	<input type="checkbox"/> Silicone <input type="checkbox"/> Knit		
				more than 43	<input type="checkbox"/> Silicone <input type="checkbox"/> Knit		
Large	20-22	31-35	35-40	less than 43	<input type="checkbox"/> Silicone <input type="checkbox"/> Knit		
				more than 43	<input type="checkbox"/> Silicone <input type="checkbox"/> Knit		
X-Large	23-25	36-41	40-45	less than 43	<input type="checkbox"/> Silicone <input type="checkbox"/> Knit		
				more than 43	<input type="checkbox"/> Silicone <input type="checkbox"/> Knit		

ExoSoft Glove (sold individually)

Size	Circumference		Finger Length Options	Qty.	
	B ^c	C ^c		Beige	Black
Small	17-19	15-17	<input type="checkbox"/> Full <input type="checkbox"/> Half <input type="checkbox"/> Quarter		
Medium	19-21	17-19	<input type="checkbox"/> Full <input type="checkbox"/> Half <input type="checkbox"/> Quarter		
Large	22-24	20-22	<input type="checkbox"/> Full <input type="checkbox"/> Half <input type="checkbox"/> Quarter		
X-Large	25-27	23-25	<input type="checkbox"/> Full <input type="checkbox"/> Half <input type="checkbox"/> Quarter		

ExoSoft Gauntlet (sold individually)

Size	Circumference		Qty.	
	B ^c	C ^c	Beige	Black
Small	17-19	15-17		
Medium	19-21	17-19		
Large	22-24	20-22		
X-Large	25-27	23-25		

4 Shipping

Ground 2nd Day Overnight

Ship to _____

Attn _____

Street _____

City _____

State/Province _____ Zip/Postal code _____

Phone _____

Email (for shipping notification) _____

All measurements in centimeters.