



**Custom Sleeve Order Form Unilateral / Bilateral Bio Vest**

**INSTRUCTIONS: MEASURE THE CIRCUMFERENCE OF THE TORSO USING A STANDARD MEASURING TAPE.**  
When measuring patients please write the exact measurements on this form below. The additional inches/centimeters for the proper fit will be added by production personnel at Bio Compression. Please indicate in proper anatomical area below, any additional unusual measurements pertinent to the fitting. If possible, please send pictures. It helps in the design of the garment.

**BIO VEST:**

LEFT  RIGHT

**BILATERAL VEST:**

**TYPE OF MEASUREMENTS:**

INCHES  CENTIMETERS

HEIGHT: \_\_\_\_\_

WEIGHT: \_\_\_\_\_

LARGEST CIRCUMFERENCE  
OVER THE BREAST

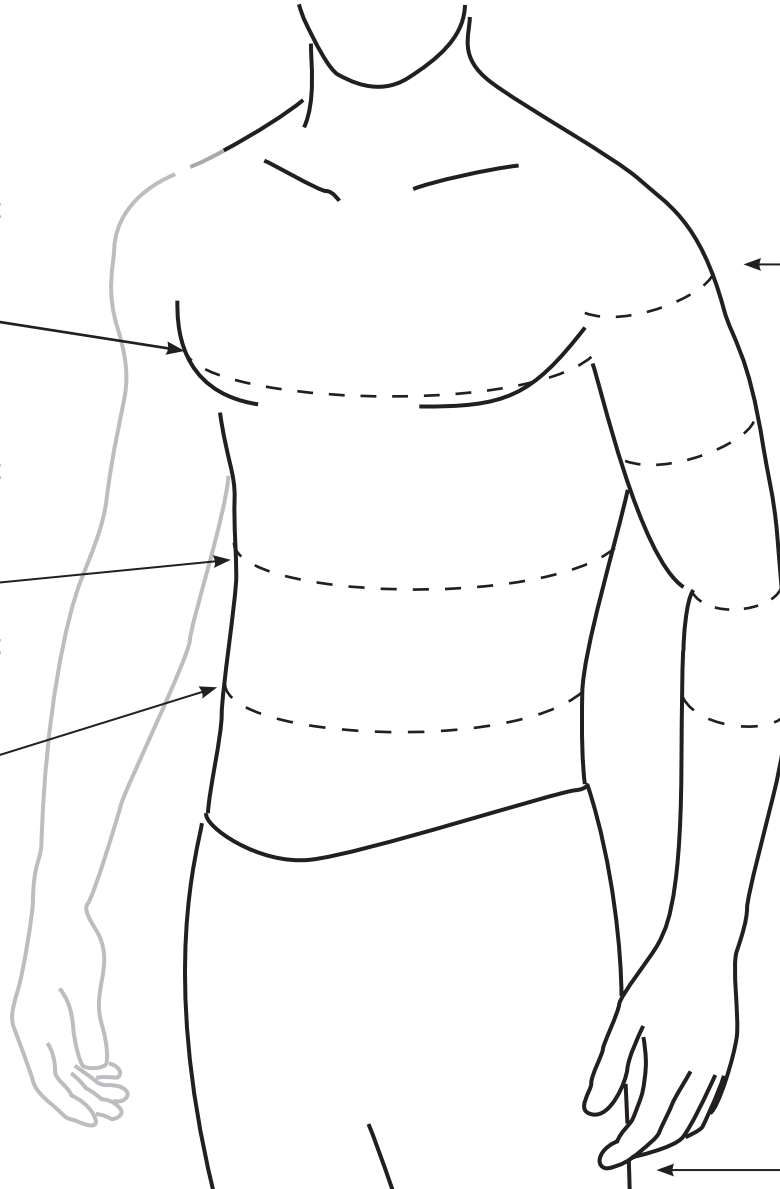
1. ( \_\_\_\_\_ )

LARGEST CIRCUMFERENCE  
AT BOTTOM OF RIB CAGE

2. ( \_\_\_\_\_ )

LARGEST CIRCUMFERENCE  
AROUND THE ABDOMEN

3. ( \_\_\_\_\_ )



LENGTH OF ARM FROM  
AXILLA TO FINGERTIPS

4. ( \_\_\_\_\_ )

BICEP CIRCUMFERENCE

5. ( \_\_\_\_\_ )

ELBOW CIRCUMFERENCE

6. ( \_\_\_\_\_ )

FOREARM  
CIRCUMFERENCE

7. ( \_\_\_\_\_ )

Qty Ordered \_\_\_\_\_ Ordered by \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_ Name \_\_\_\_\_ Phone# \_\_\_\_\_

E-mail: \_\_\_\_\_

Special Physical Characteristics \_\_\_\_\_