



INSTRUCTIONS: MEASURE THE CIRCUMFERENCE OF THE ARM USING A STANDARD MEASURING TAPE.

NOTE: 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.

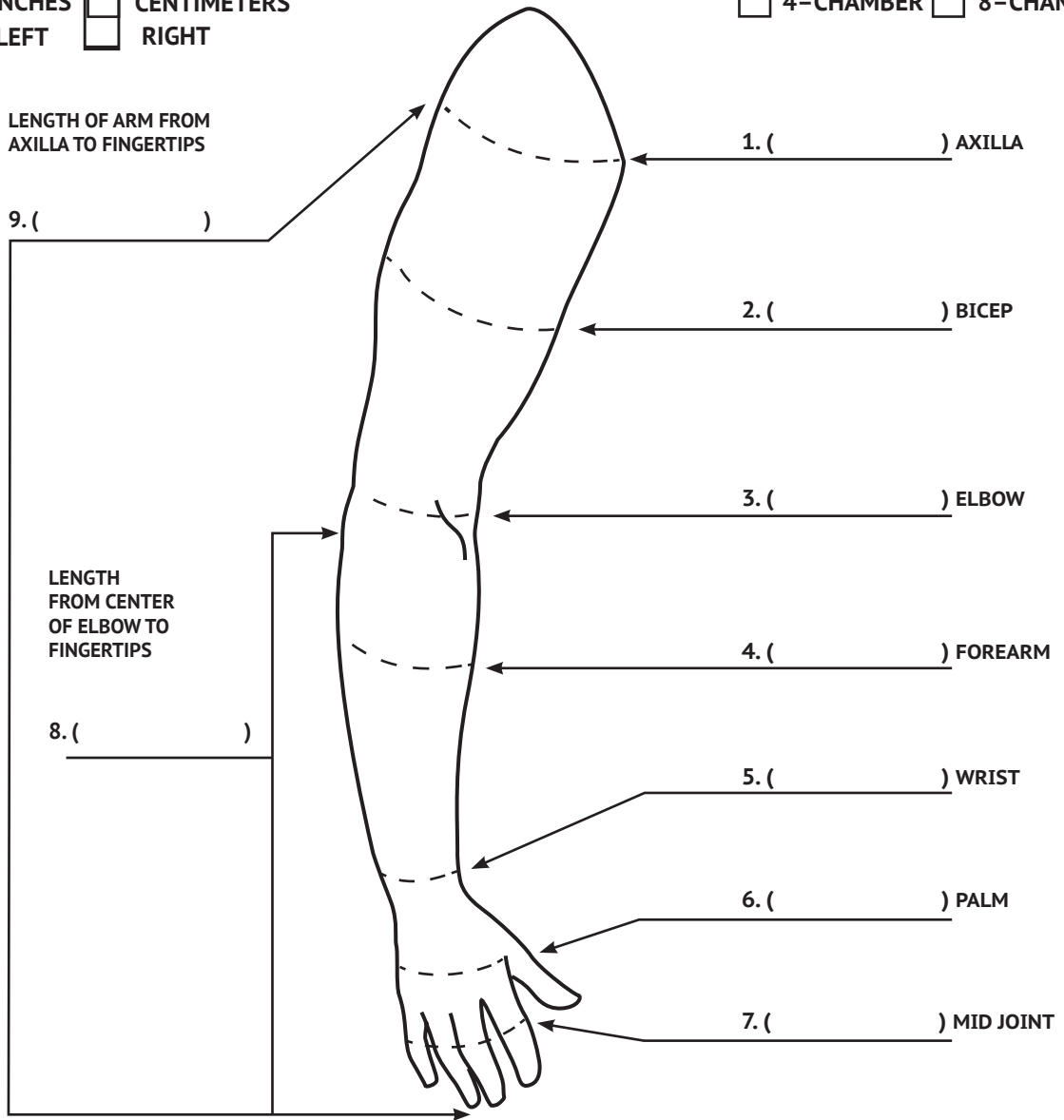
Sleeve Order Form Upper Extremity

TYPE OF MEASUREMENTS:

INCHES CENTIMETERS
 LEFT RIGHT

TYPE OF SLEEVE:

4-CHAMBER 8-CHAMBER



Patient Name _____ Qty _____ Left _____ Right _____

Date ___/___/___ Phone# _____

E-mail: _____

SpecialPhysical Characteristics _____