



PHONE: 800-883-1549 FAX: 800-886-4201

EMAIL: info@midwestcompression.com

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.

TYPE OF MEASUREMENTS: INCHES CENTIMETERS LEFT RIGHT		TYPE OF SLEEV	/E: ER
LENGTH OF ARM FROM AXILLA TO FINGERTIPS		1. () AXILLA
9.(2. () BICEP
LENGTH FROM CENTER OF ELBOW TO FINGERTIPS		3. () ELBOW
		4. () FOREARM
8.()		5. () WRIST
		6. () PALM
Att		7. () MID JOINT
Patient Name	Qty	_LeftRig	nt
Date/ Phone#			
E-mail:			
SpecialPhysical Characteristics			