

Made to Measure Upper Extremity Sleeve

INSTRUCTIONS: MEASURE THE CIRCUMFERENCE OF THE ARM USING A STANDARD MEASURING TAPE. BE SURE TO FILL IN ALL MEASUREMENTS . (#1 through #9)

NOTE: Please indicate in proper anatomical area below, any additional unusual measurements pertinent to the fitting. 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 when manufacturing garments. *Thank you!*

TYPE OF MEASUREMENTS:

CENTIMETERS

LENGTH OF ARM FROM
AXILLA TO FINGERTIPS

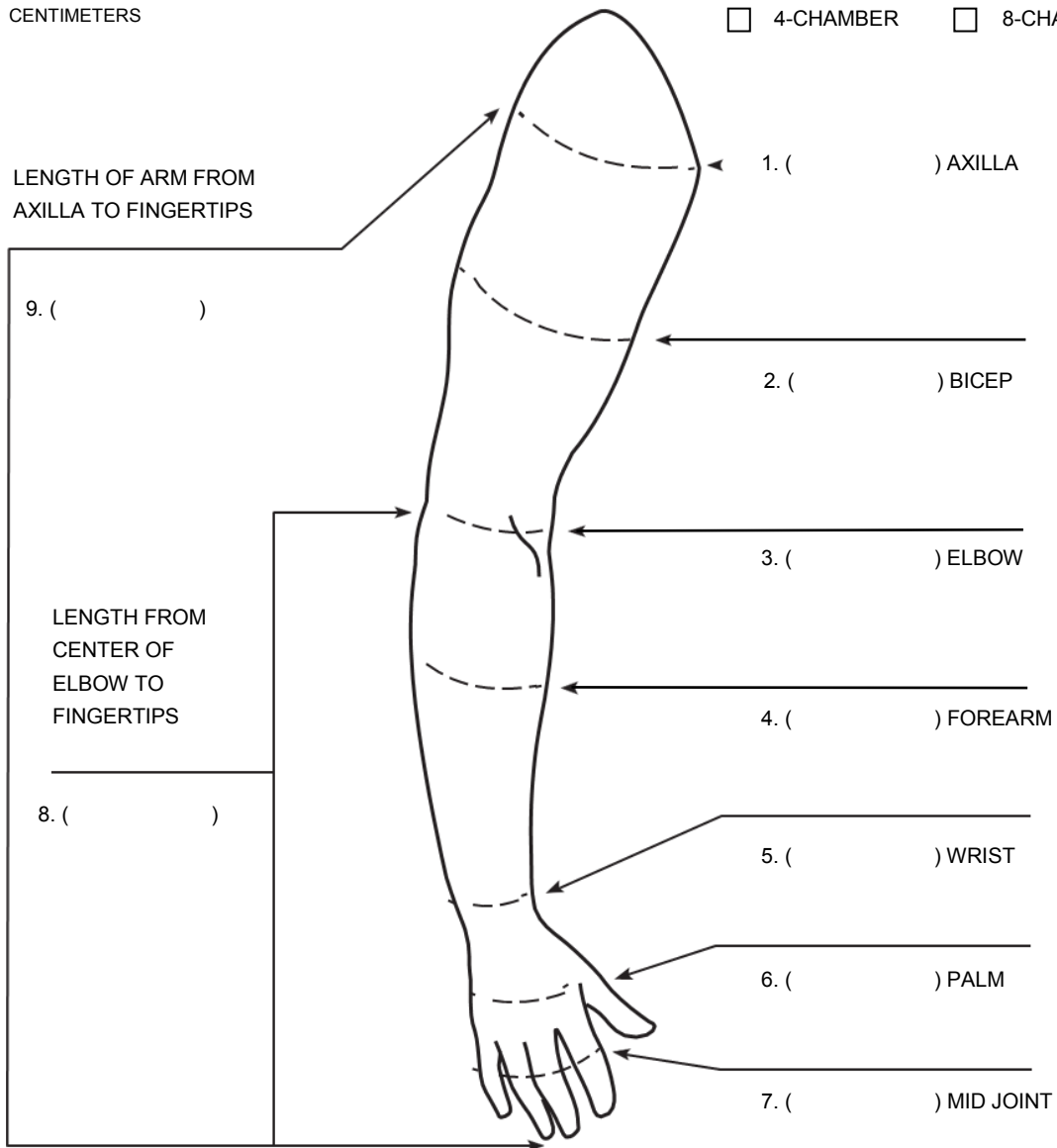
9. ()

LENGTH FROM
CENTER OF
ELBOW TO
FINGERTIPS

8. ()

TYPE OF SLEEVE:

4-CHAMBER 8-CHAMBER



Order to MEDIS via fax: 021 982 8311 or email: orders@medismedical.com							
Patient Name:							
Customer Name:		Tel:					
Email:							
Order Quality:		Pump:	4 Chamber		8 Chamber		
Special Instructions:							
Date:		Signature:					