

INSTRUCTIONS: MEASURE THE CIRCUMFERENCE OF THE LEG 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!*

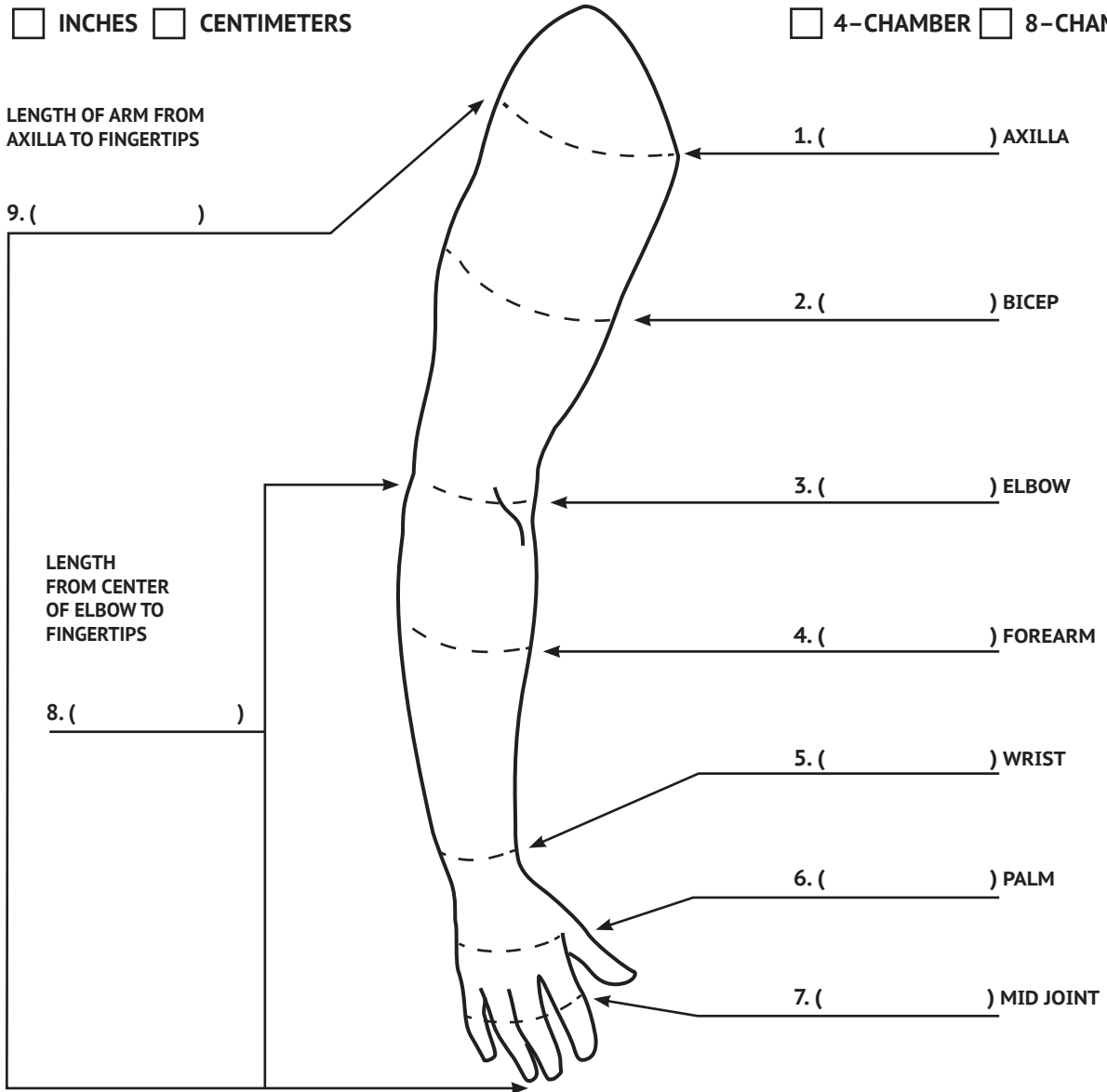
Custom Sleeve Order Form Upper Extremity

TYPE OF MEASUREMENTS:

INCHES CENTIMETERS

TYPE OF SLEEVE:

4-CHAMBER 8-CHAMBER



Qty Ordered _____ Ordered by VasoCare, LLC P.O.# _____ Pump _____
Company Name

Authorized Person _____ Signature _____ Date ___/___/___

Phone # _____ E-mail: _____

Special Instructions _____