INSTRUCTIONS: MEASURE THE CIRCUMFERENCE OF THE TORSO USING A STANDARD MEASURING TAPE. BE SURE TO FILL IN ALL MEASUREMENTS. (#1 through #7)

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. Please send pictures if possible, it helps in the design of the garment. Thank you!

Custom Sleeve Order Form Bilateral Vest

<table>
<thead>
<tr>
<th>TYPE OF MEASUREMENTS:</th>
<th>TYPE OF SLEEVE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ INCHES □ CENTIMETERS</td>
<td>□ 16-CHAMBER</td>
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</tbody>
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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 LEFT / RIGHT
5. ( / )

ELBOW CIRCUMFERENCE LEFT / RIGHT
6. ( / )

FOREARM CIRCUMFERENCE LEFT / RIGHT
7. ( / )

CONTRAINICATIONS:
- Active Deep Vein Thrombosis (DVT) – Blood Clot
- Active Cancer – with the exception of palliative care
- Infection – Prior to 72 hours of antibiotic therapy
- Congestive Heart Failure (CHF)
- Any other condition wherein compression is not recommended

The garment is PDAC approved and coded in three different parts:
- E0657 for the Vest
- E0668 (RT & LT) for the Arms.