

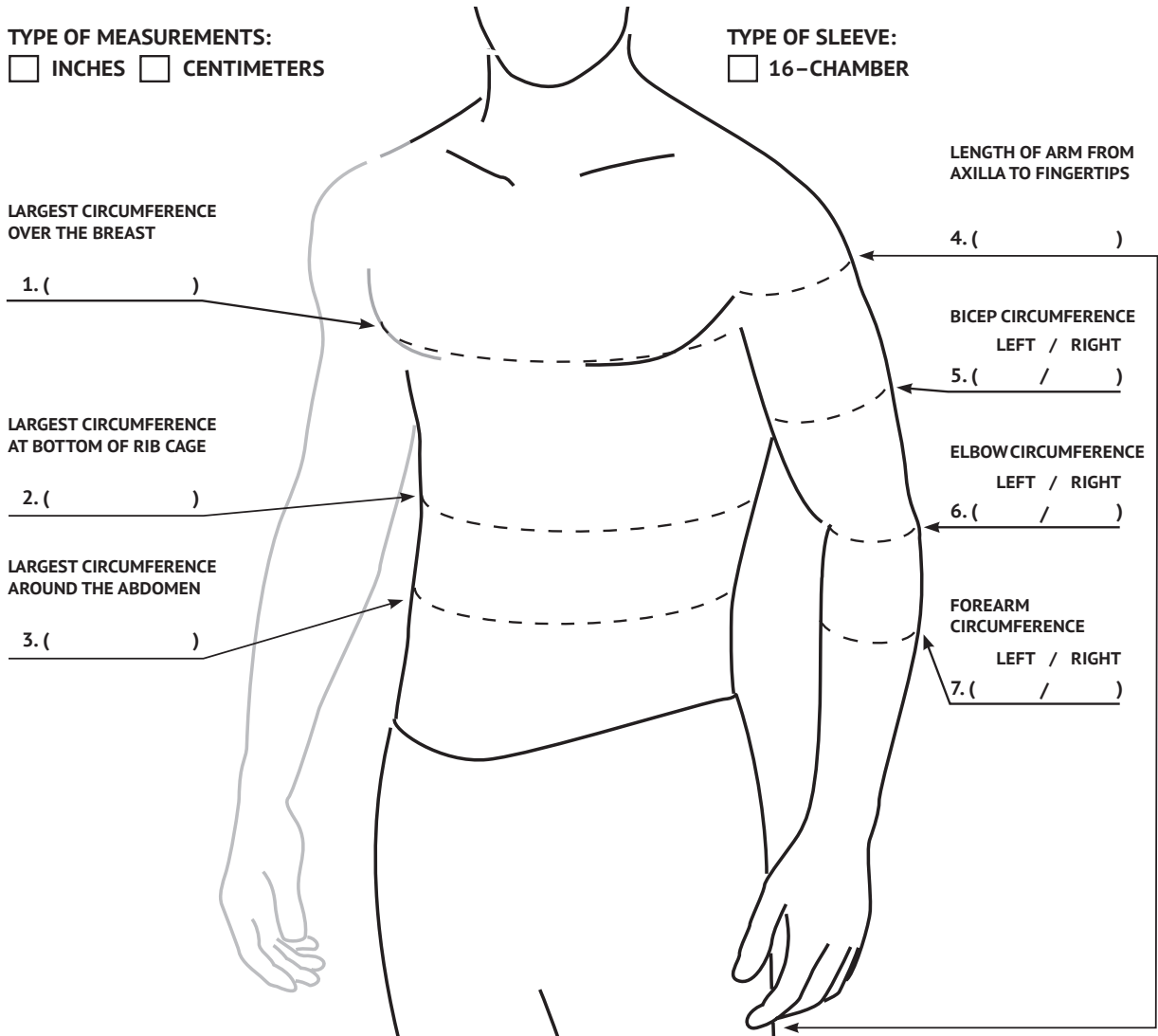
## Custom Sleeve Order Form Bilateral Vest

**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!*

**TYPE OF MEASUREMENTS:**  
 INCHES    CENTIMETERS

**TYPE OF SLEEVE:**  
 16-CHAMBER



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

Authorized Person \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone # \_\_\_\_\_ E-mail: \_\_\_\_\_

Special Instructions \_\_\_\_\_

**Contraindications:**

- 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.