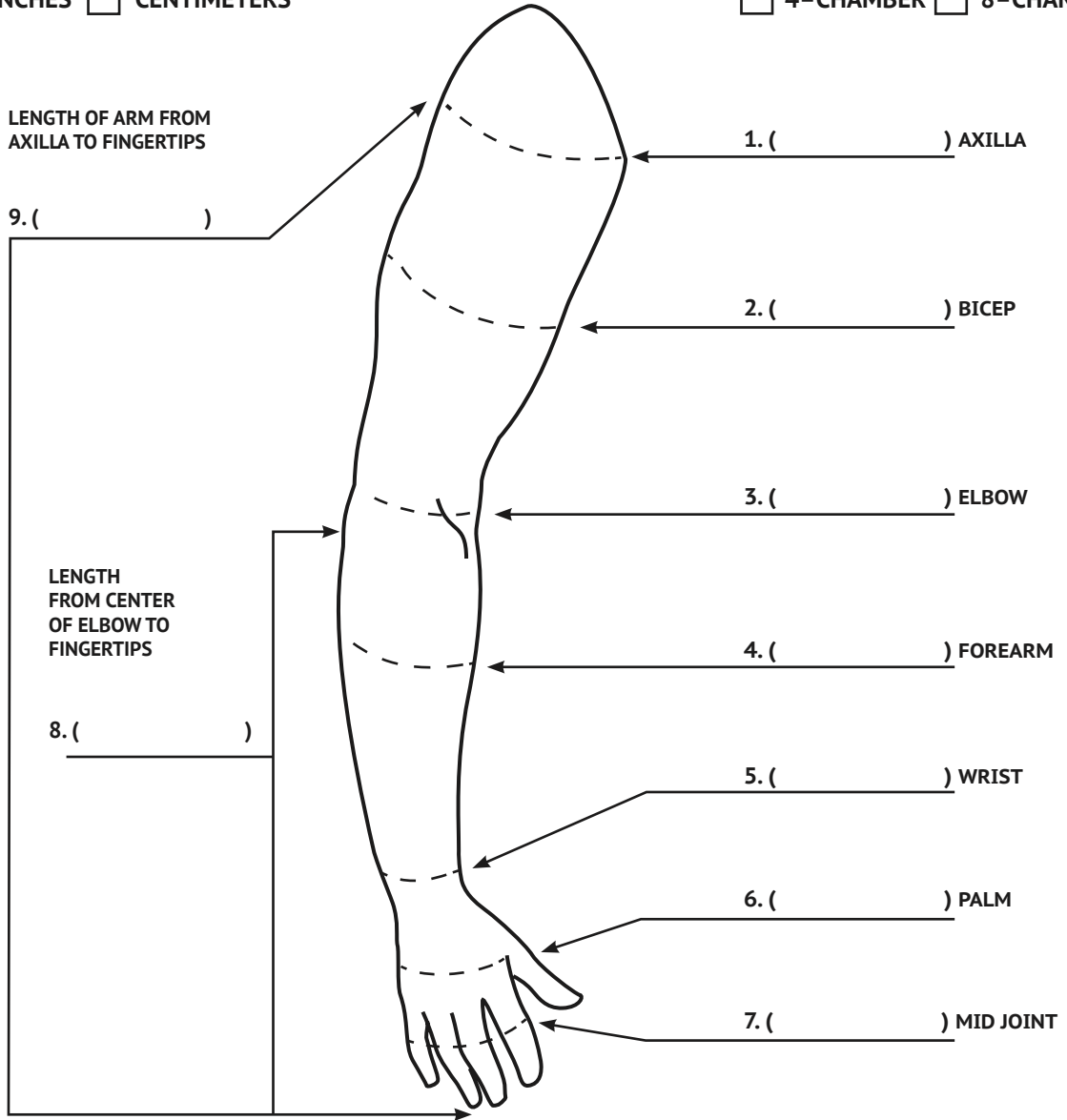


# Custom Sleeve Order Form Upper Extremity

**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

**TYPE OF SLEEVE:**  
 4-CHAMBER    8-CHAMBER



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

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

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

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