

TYPE OF MEASUREMENTS.

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TYPE OF SI FEVE

## 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.

INCHES CENTIMETERS		4-CHAMBER 8-CHAMBER
LENGTH OF ARM FROM AXILLA TO FINGERTIPS	1.(	) AXILLA
9. ( ) LENGTH	2.(	<u>)</u> BICEP
	3. (	) ELBOW
FROM CENTER OF ELBOW TO FINGERTIPS	4. (	) FOREARM
8.( )	5. (	<u>)</u> WRIST
	6. (	) PALM
Ath	7. (	) MID JOINT
Qty OrderedOrdered byCompany Name	P.O.#	Pump
Authorized PersonSignature		
Phone #E-mail:		
Special Instructions		