

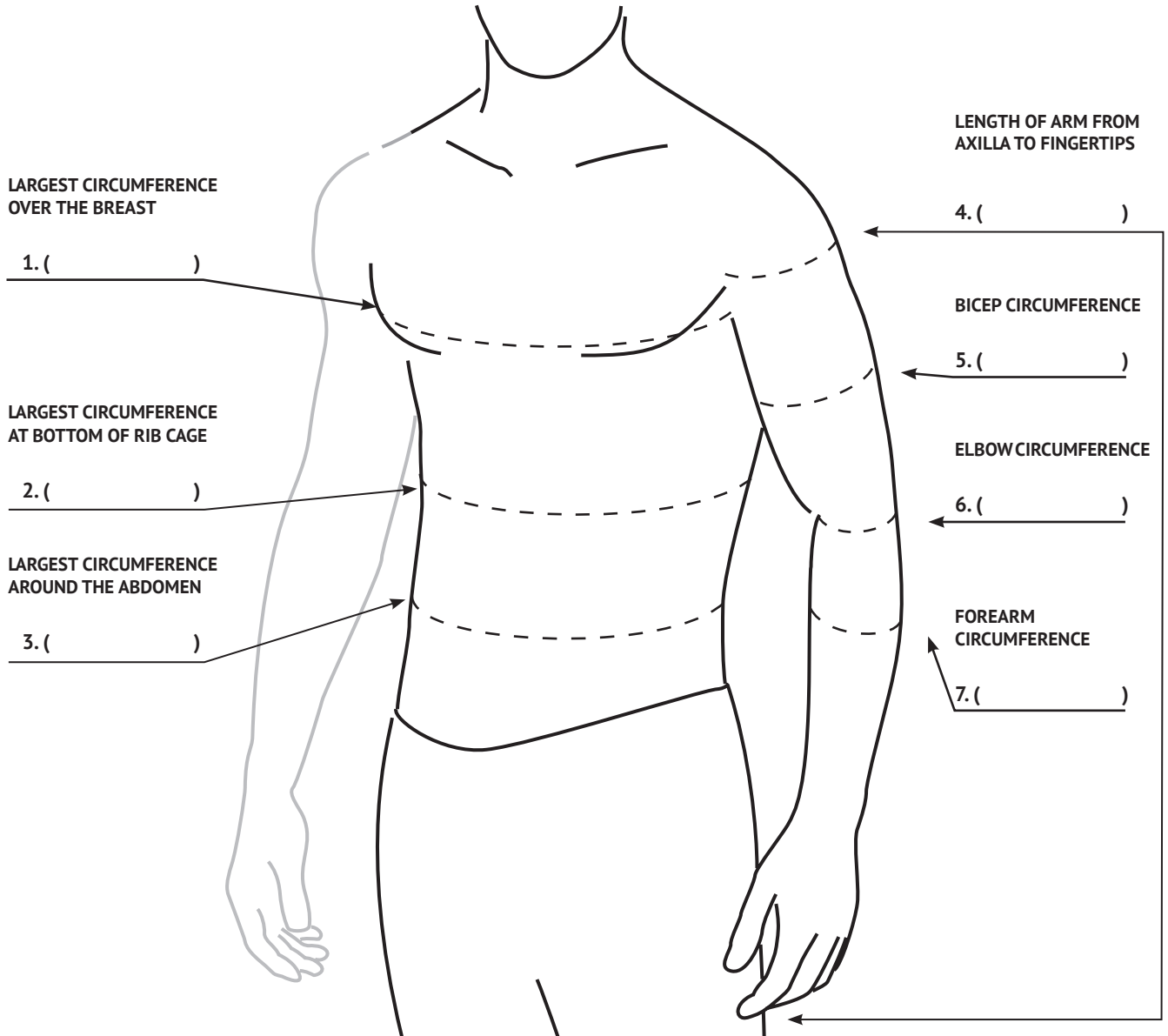
Custom Sleeve Order Form Unilateral / Bilateral Bio Vest



PHONE: 201-939-0716
 800-888-0908 / FAX: 201-939-4503
 www.biocompression.com

INSTRUCTIONS: MEASURE THE CIRCUMFERENCE OF THE TORSO USING A STANDARD MEASURING TAPE.
 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. If possible, please send pictures. It helps in the design of the garment.

BIO VEST: LEFT RIGHT **BILATERAL VEST:** **TYPE OF MEASUREMENTS:** INCHES CENTIMETERS



Qty Ordered _____ Ordered by _____ P.O.# _____ Pump _____

Company Name

Authorized Person _____ Signature _____ Date ____/____/____

Phone # _____ E-mail: _____

Special Physical Characteristics _____