

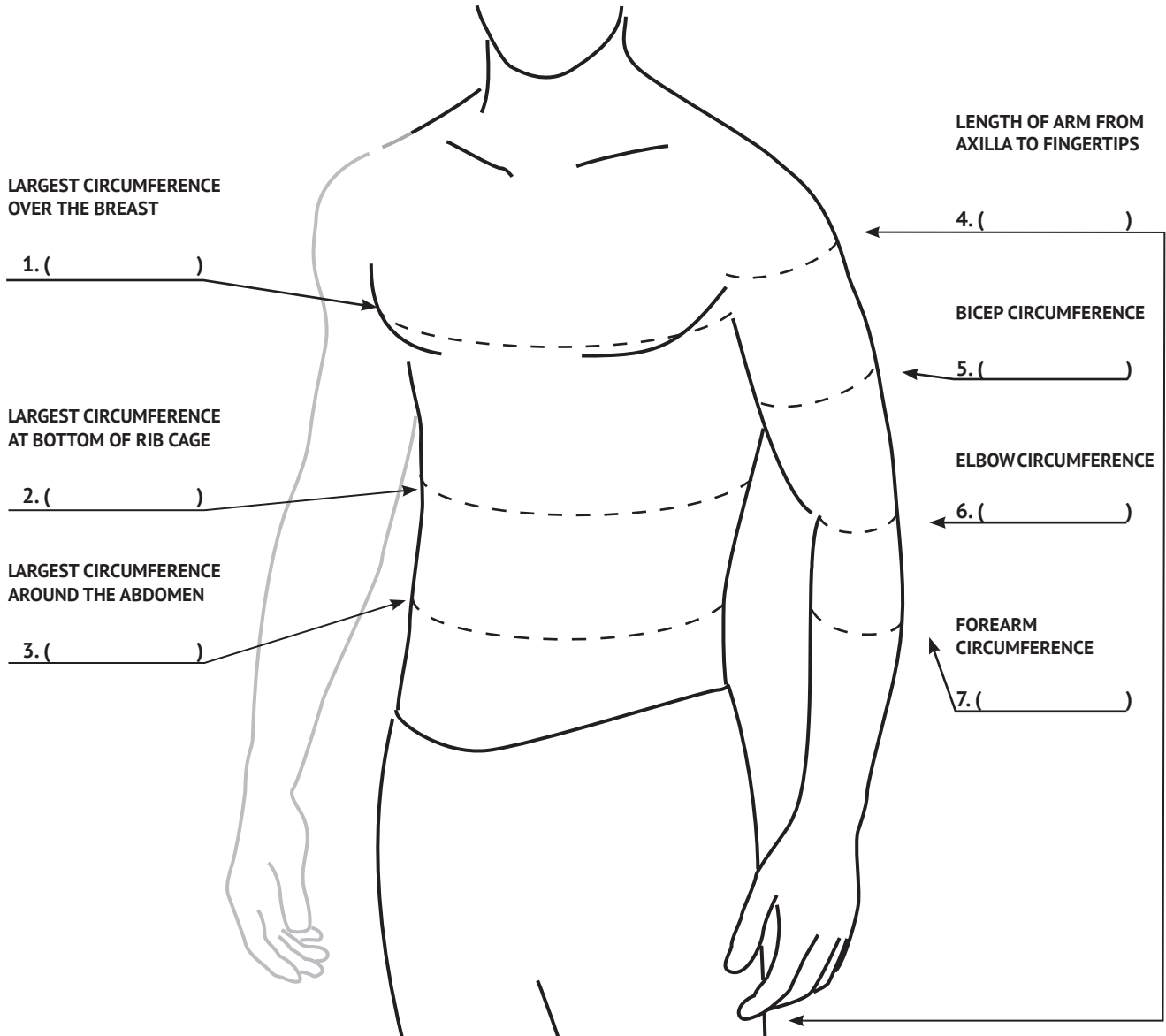
# Custom Sleeve Order Form Unilateral / Bilateral Bio Vest



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



Patient's: Height \_\_\_\_\_ / Weight \_\_\_\_\_

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

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

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

Special Physical Characteristics \_\_\_\_\_