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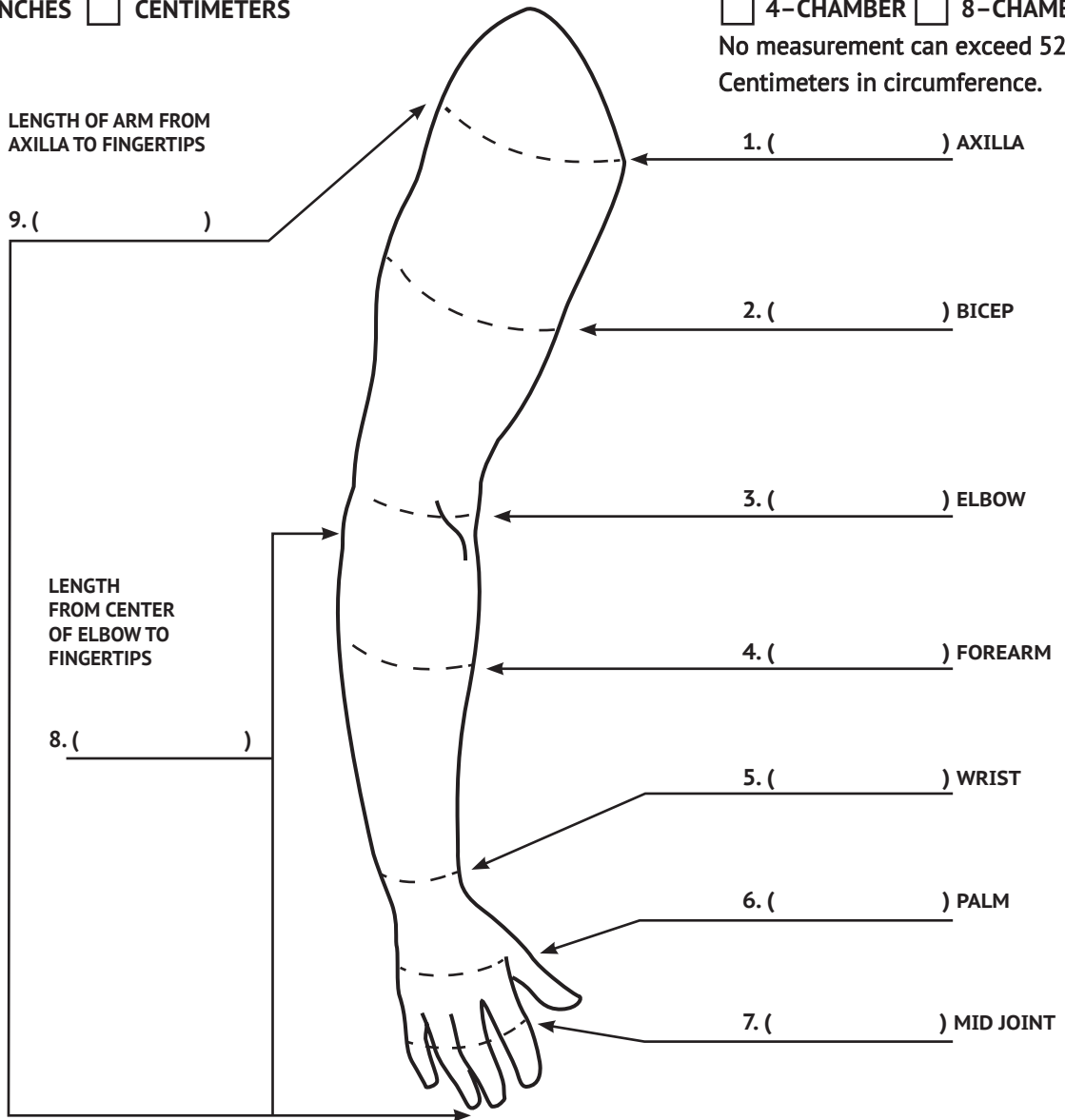
Custom Sleeve Order Form Upper Extremity

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
 No measurement can exceed 52"/132 Centimeters in circumference.



Patient's: Height _____ / Weight _____

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

Company Name

Authorized Person _____ Signature _____ Date ____/____/____

Phone # _____ E-mail: _____

Special Physical Characteristics _____