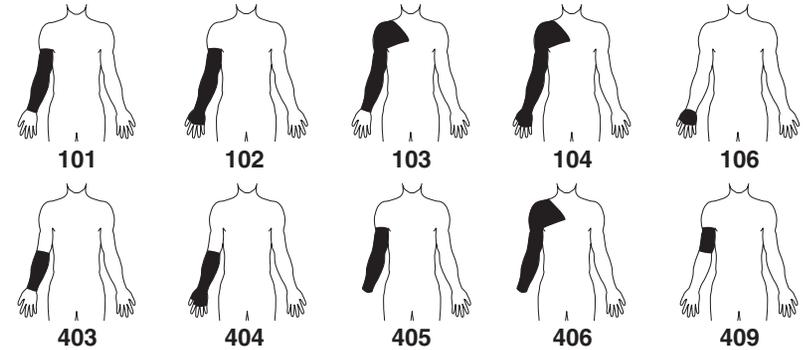


Purchase Order No	Date	Fitter's Phone No.
Ordered by	Patient	Age
Street	Ship to	
City State Zip	Street	
Fitter	City State Zip	

Form F-035 - Upper Extremity Supports



Please refer to our current price list for a description of these items

HOTLINE SERVICE

(Guaranteed delivery in 4-5 business days, or less) **Additional Cost**

REQUIRED Allergies:

Allergic to silicone? Yes, No, NA | Allergic to metal? Yes, No, NA

OPTIONAL SHOULDER STRAP MEASUREMENTS: (See diagram)

A. Length from end of last strap to base of neck, with arm at side (same side as sleeve or gauntlet)

B. Waist Circumference

C. Diagonal Length for Shoulder Flap with retaining strap

OPTIONS & EXTRAS:

● **Zipper:**

- Lateral (Outside) (or) Medial (Inside) (or)
- Posterior (Top)

● **Garment Color No:** _____

● **Elbow Lining:** Inside (or) Full (or) Outside

● **Strap:**

- Worn to opposite axilla (or)
- Adjustable, axilla to waist (or)
- Two piece, with separate belt
- Bra strap, with Velcro flap

● **Flex/Contracture Seam:** Elbow

● **Elastic Band:** Regular 1" 2" (or) Silicone 1" 2"

DIAGNOSIS: (Must be indicated to obtain proper counter-pressure)

- 22-28 mm Hg - Burns
- 25-30 mm Hg - Lymphedema Mild
- 30-35 mm Hg - Lymphedema Moderate
- 35-40 mm Hg - Lymphedema Severe

COMMENTS & INSTRUCTIONS:

Check this box if there are instructions on other side

Left	Right
3	
1½	
0	
1½	
3	
4½	
6	
7½	
9	
10½	
12	
13½	
15	
16½	
18	
19½	

For Gauntlets Only _____ Circumference between thumb joints
 Separate (or) One Piece with Sleeve

Wrist - Measurement is taken ahead of wrist bone, toward hand

Optional Shoulder Strap Measurements (A, B and C)

Elbow - Anchor Point

