

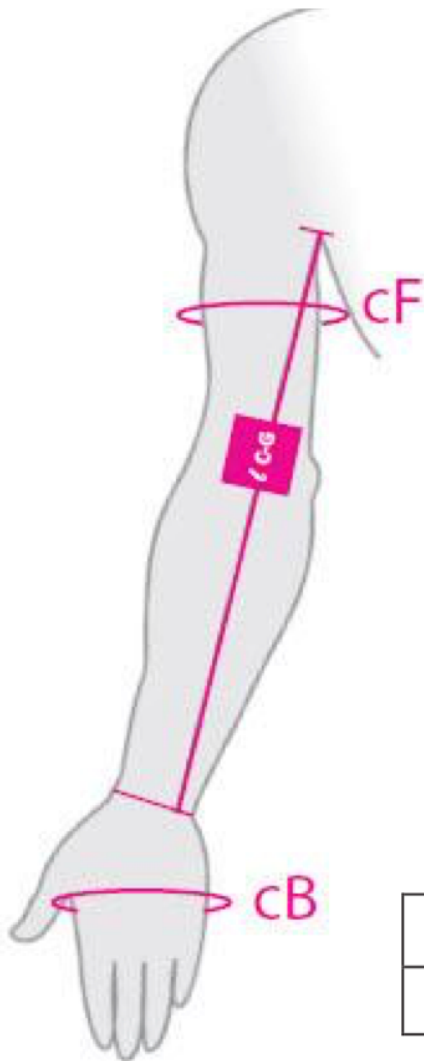


Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Patient Name: \_\_\_\_\_

Fitter/Therapist Name: \_\_\_\_\_

Ship to: \_\_\_\_\_



**arm kit:** Check the box next to the corresponding length and width.

*\* If cB is > 25cm hand wrap will not fit, though reduction arm component may still be used.*

	Length		Width		Quantity
	Standard	Long	Regular	Wide	
Left	<input type="checkbox"/> C-G < 45cm	<input type="checkbox"/> C-G > 45cm	<input type="checkbox"/> cF < 50cm <input type="checkbox"/> cB < 25cm*	<input type="checkbox"/> cF 50-80cm <input type="checkbox"/> cB < 25cm*	
Right					

Each arm kit includes:

- 1 reduction arm component
- 1 pair undersleeve arm
- 1 customizable hand wrap
- 1 Built-In-Tension guide card
- 1 paper measuring tape
- 1 direction for use

additional ancillary items:

undersleeve arm standard Standard <50cm max circ. Quantity (Each)	undersleeve arm wide Wide <80cm max circ. Quantity (Each)	reduction kit shelf strap Quantity (Each)

**Adaptive Prosthetics & Orthotics**  
52 National Drive, Glastonbury, CT 06033  
Phone (860) 207-8268 ~ Fax (860) 323-8002  
compression@adaptivect.com