



Exocustom Arm Sleeve Measurement Form

Adaptive

Together We Can Adapt to Challenges in Life

Fax (860)323-8002
Phone (860)207-8268



Date: ___/___/___

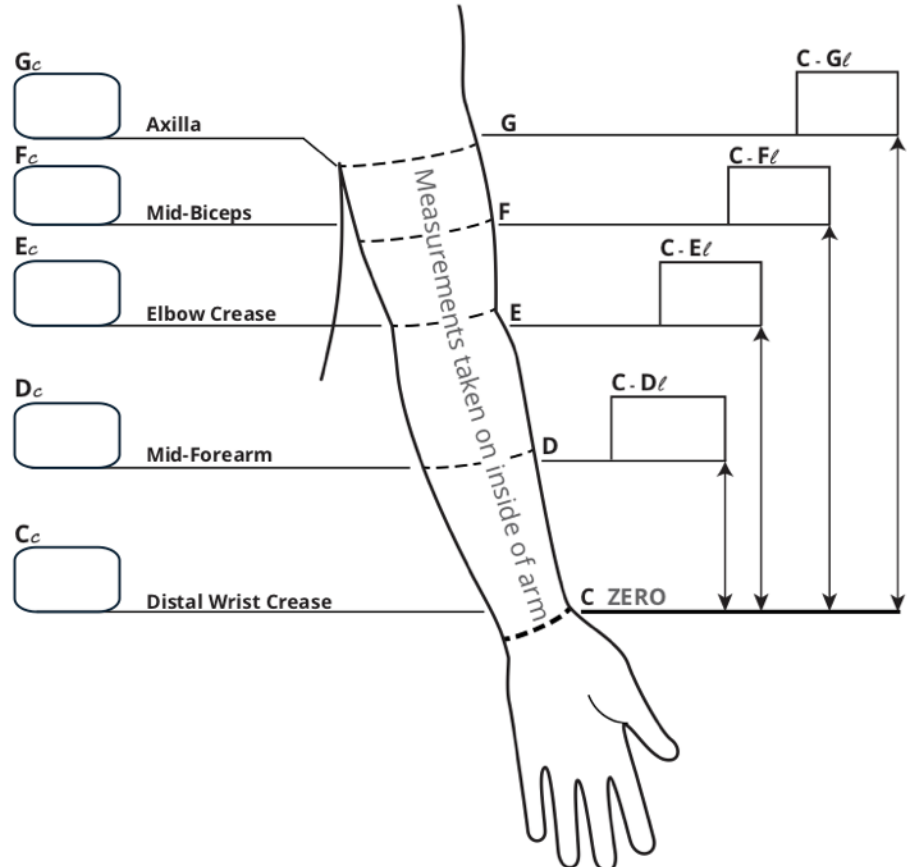
Patient Name: _____

Fitter/Therapist Name: _____

Ship to: _____

Quantity & Item Code	
Qty	EC-UE- L / R
	EC-UE- L / R
Color: <input type="checkbox"/> Beige L / R <input type="checkbox"/> Black L / R	
Compression	
<input type="checkbox"/> 18 - 21mmHg L / R <input type="checkbox"/> 23 - 32mmHg L / R	
<input type="checkbox"/> 34 - 46mmHg L / R	
Modifications	
Qty	Pocket - Elbow
	Silicone (select Width and Place options)
Width: <input type="checkbox"/> 3.5cm L / R <input type="checkbox"/> 5cm L / R	
Place: <input type="checkbox"/> Inside L / R <input type="checkbox"/> 3/4 Inside L / R	
<input type="checkbox"/> Top L / R	
Zipper L / R (note start / end location below)	
Label Placement on Garment	
Place: <input type="checkbox"/> Inside L / R <input type="checkbox"/> Outside L / R	
Priority Production	
<input type="checkbox"/> Priority Production (additional fee)	
Comments	

CIRCUMFERENCE c *Please measure in centimeters* **LENGTH ℓ**
We suggest that you include additional circumferences and length measurements for more asymmetrical shaped arms.



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