

INSTRUCTIONS: MEASURE THE CIRCUMFERENCE OF THE ARM USING A STANDARD MEASURING TAPE. BE SURE TO FILL IN ALL MEASUREMENTS. (#1 through #9)

NOTE: Please indicate in proper anatomical area below, any additional unusual measurements pertinent to the fitting. 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 when manufacturing garments. *Thank you!*

TYPE OF MEASUREMENTS:
☐ INCHES ☐ CENTIMETERS

TYPE OF SLEEVE:
☐ 4-CHAMBER ☐ 8-CHAMBER

LENGTH OF ARM FROM
AXILLA TO FINGERTIPS

9. ()

LENGTH
FROM CENTER
OF ELBOW TO
FINGERTIPS

8. ()

1. () AXILLA

2. () BICEP

3. () ELBOW

4. () FOREARM

5. () WRIST

6. () PALM

7. () MID JOINT

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

Authorized Person _____ Signature _____ Date ____/____/____

Phone # _____ E-mail: _____

Special Instructions _____