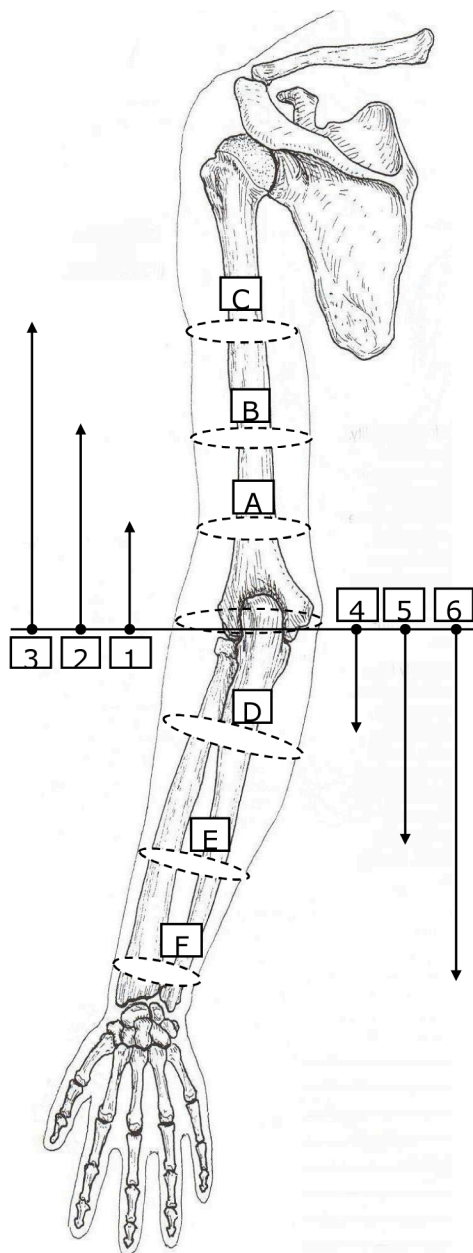


From: _____
Date: ____/____/____
Patient: _____
Date of Birth: ____/____/____
Sex: (Circle One) Male ☐ Female ☐
Organization File No. _____
Medical Z File No. _____
Measured By ____/____/____

Comments: _____

Posterior View
 Left Arm



	Fresh Fabrics
	Coolmax
	Standard

Right Arm
Above Elbow

Lengths		Circum.
1	A	
2	B	
3	C	

Left Arm
Above Elbow

Lengths		Circum.
1	A	
2	B	
3	C	

Right Elbow Circum.

Left Elbow Circum.

(all lengths are taken from Elbow)

Right Arm
Below Elbow

Lengths		Circum.
4	D	
5	E	
6	F	

Left Arm
Below Elbow

Lengths		Circum.
4	D	
5	E	
6	F	

Styles

	Axilla to Elbow
	Elbow to Wrist
	Axilla to Wrist

Color

Use the additional options sleeve form