



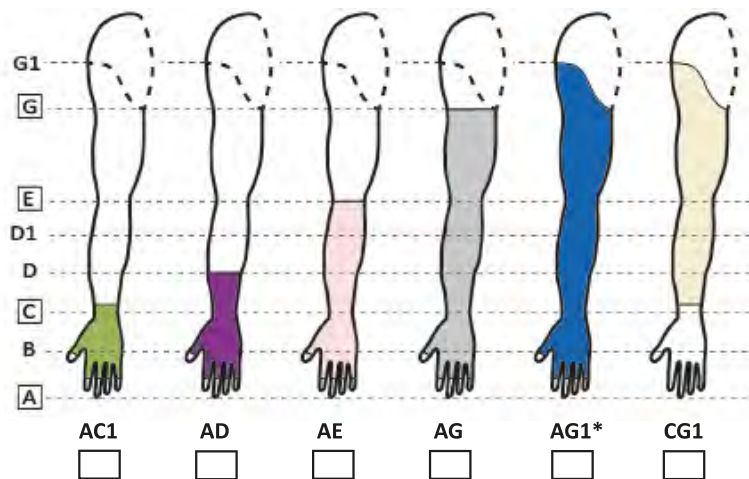
Absolute Medical. 1843 W Hubbard St #2A
Chicago, IL 60622
Tel: 312 233 2207 Fax: 866 860 9358
To Order Online: orders@absolutemedical.com
Our website: absolutemedical.com

Patient Last Name: _____ Patient First Name: _____
Fitter Last Name: _____ Fitter First Name: _____
Date: _____

Custom Arm Sleeve Order Form

ORDER SPECIFICATIONS:					
<input type="checkbox"/> Quote Only	<input type="checkbox"/> Quote & Proceed	<input type="checkbox"/> Reseller Pricing	<input type="checkbox"/> Retail Pricing		
Rush Order Options:					
<input type="checkbox"/> 5 Day Rush - 15% Up-Charge			<input type="checkbox"/> 48 Hour Rush - 25% Up-Charge		
PREFERRED SHIPPING METHOD: <input type="checkbox"/> UPS 3 rd Party Billing (3 rd Party Billing will have a \$5 handling fee)					
<input type="checkbox"/> Most Cost Effective	<input type="checkbox"/> USPS Priority Mail® Small (\$6) or Medium (\$12) Flat Rate boxes	<input type="checkbox"/> UPS® Ground (\$13*)	<input type="checkbox"/> UPS 3 Day Select® (\$26*) <i>Not available for AK or HI</i>	<input type="checkbox"/> UPS 2nd Day Air® (\$30*)	<input type="checkbox"/> UPS Next Day Air® (\$57*)

* UPS shipping prices listed are for contiguous 48 US states only. Shipments to residential addresses will have additional \$7 charge.



*May be ordered as at two piece garment (separate hand)

Polartec® Power Dry® Color Options					
	Black		Buff		French Blue
	Glacier Blue		Leaf Green (X-Static®)		Navy Blue
	Pink		Plum		Royal Blue
	Stainless Steel		White (soft pink hue)		
Polartec® Silkweight Color Options					
	Black		Blue Ridge		
Organic Cotton/Lycra® Color Options (InnaSleeve only)					
	Black		Ivory		Royal Blue
Techsheen Color Options (Combi only)					
	Black		Ivory		



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Custom Arm Sleeve Order Form

Previous Patient? ☐ Yes ☐ No

☐ Primary or ☐ Secondary Lymphedema

Measure Extended arm in relaxed position, palm up.

Please record
measurements
in centimeters.

G1 Lateral Rise
Options:

☐ 2.5"

☐ 4"

Circumference

Left Right

G-(Axilla)

G

C to G

F2-(Upper Bicep)

F2

C to F2

F1-(Mid Bicep)

F1

C to F1

F-(Lower Bicep)

F

C to F

E-(Least Elbow)

E

C to E

D1-(Widest Forearm)

D1

C to D1

D-(Distal Forearm)

D

C to D

C-(Least Wrist)

C

Wrist
Landmark

B-(Palm at Web Space)

B

C to B

Do not include thumb.

A

(Tip of Longest Finger) - REQUIRED

C to A

Arm Lengths

Measure lengths
medially

Styles

Standard Arm Sleeve

(AC1 to AG1)

Combi (AG1)

InnaSleeve (AG) (Cotton/Lycra® only)

No Charge Options

Slimline

(more channels and less foam)

Snug Fit (0.3cm smaller at wrist to
1.2cm at axilla)

Cover to base of fingers

Cover fingers completely

Two Blend Foam (Low ILD)

Combi Style Thumb
(no thumb coverage)

Additional Charge Options

JoViJacket ☐ Black ☐ White

Stitched Finger Glove

Two Piece Arm Sleeve
(separate hand)

Two Piece JoViJacket

Zipper - elbow to axilla

Zipper - back of hand to
mid-forearm (when hand is con-
siderably larger than wrist)

Dorsum Pad (sewn in)
(Additional pressure on dorsum)

Palm Pad (Sewn in)
(equalizes pressure on back of
hand)

Dycem® - donning aid

Easy-Slide - donning aid for
garments without Stitched Finger
Glove

Prepaid Reduction Option

Additional charges will be added for darts or oversized garments, and will be
determined by the pattern maker. You will be notified via quote if this occurs. If the patient has arm lobules, please send photos.

Comments: _____



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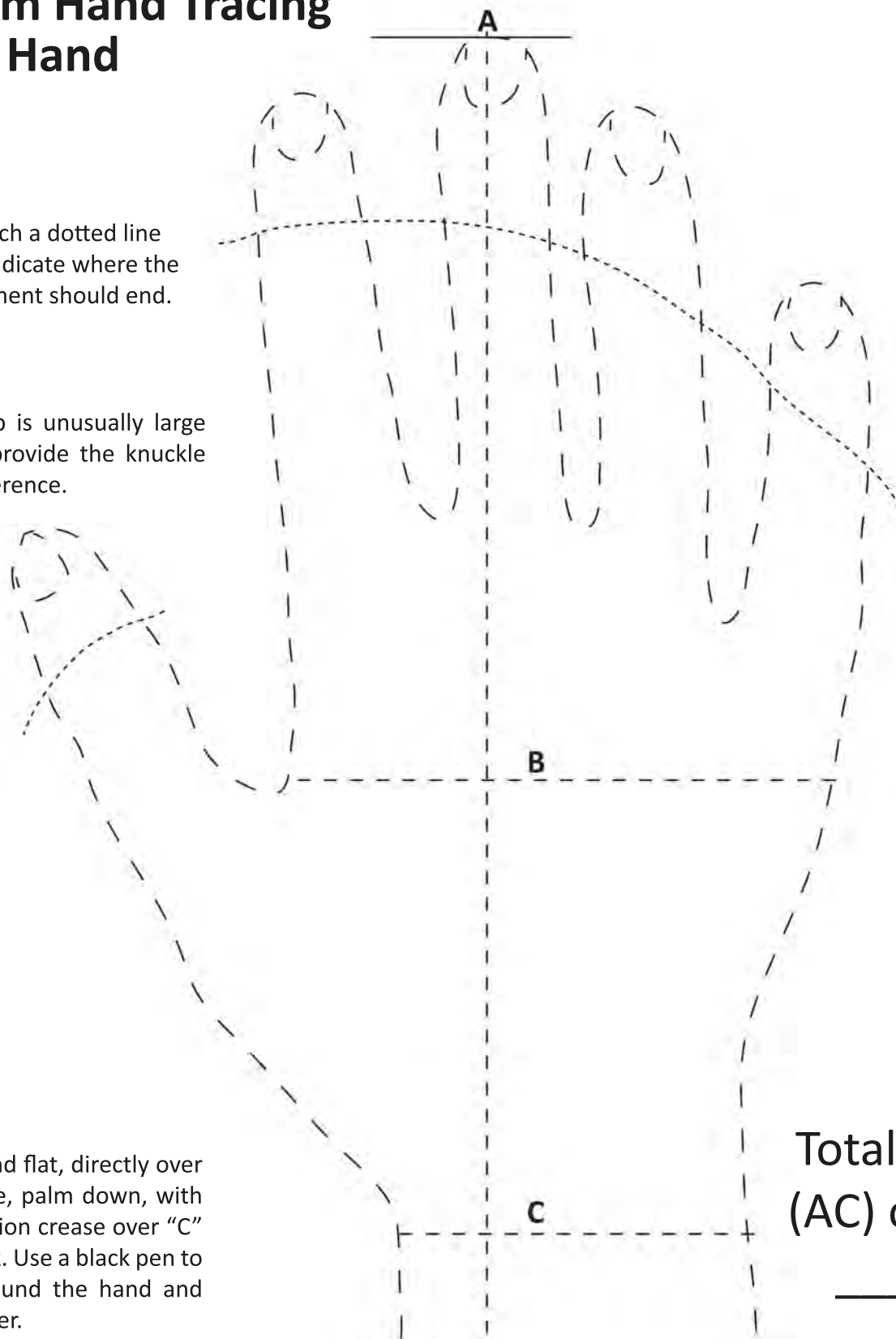
Fitter Last Name: _____ Fitter First Name: _____

Date: _____

Custom Hand Tracing Right Hand

Sketch a dotted line
to indicate where the
garment should end.

If thumb is unusually large
please provide the knuckle
circumference.



Place hand flat, directly over
this guide, palm down, with
wrist flexion crease over "C"
landmark. Use a black pen to
trace around the hand and
each finger.

Total length
(AC) of hand
_____cm



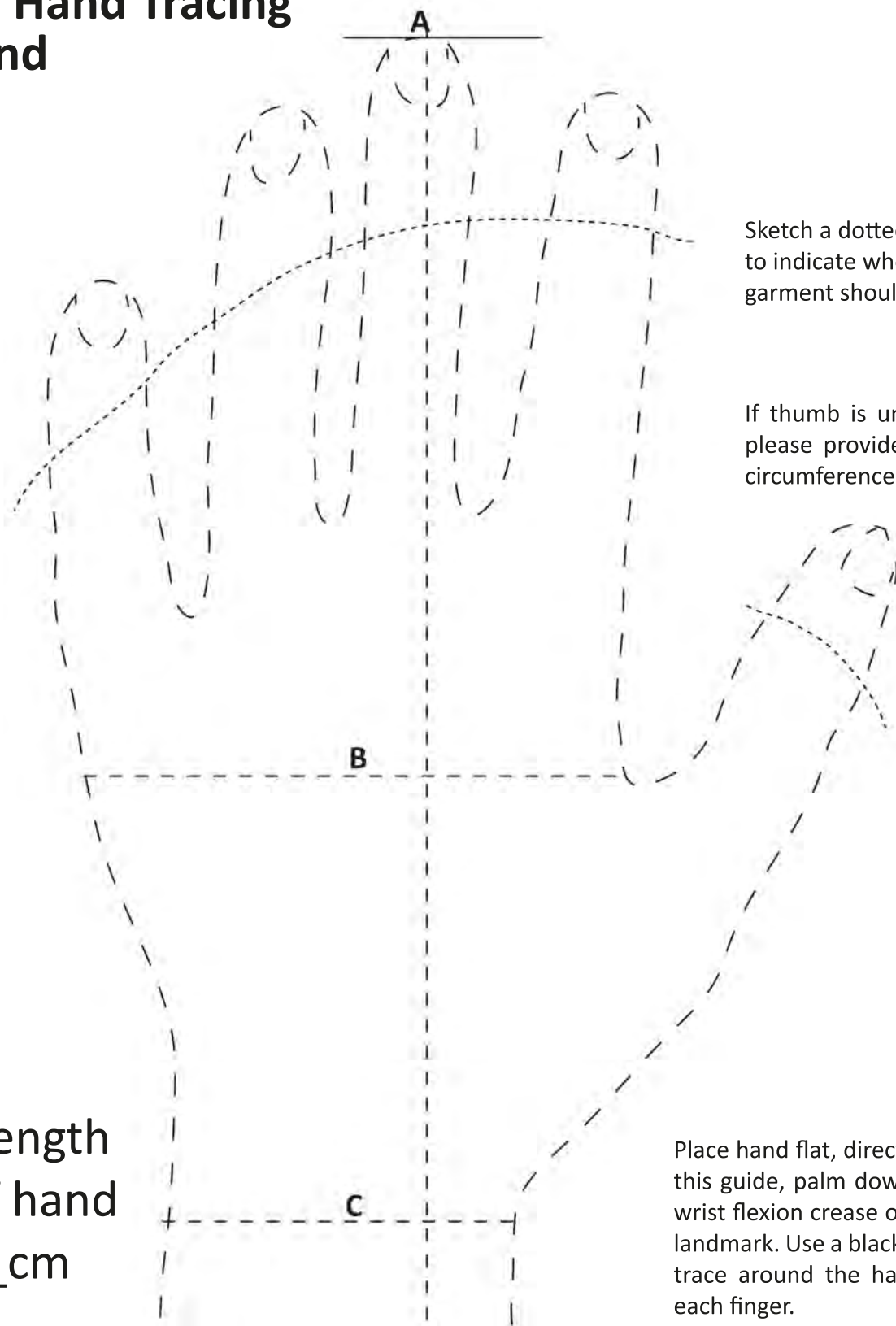
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Patient Last Name: _____ Patient First Name: _____

Fitter Last Name: _____ Fitter First Name: _____

Date: _____

Custom Hand Tracing Left Hand



Sketch a dotted line
to indicate where the
garment should end.

If thumb is unusually large
please provide the knuckle
circumference.

Total length
(AC) of hand
_____cm

Place hand flat, directly over
this guide, palm down, with
wrist flexion crease over "C"
landmark. Use a black pen to
trace around the hand and
each finger.