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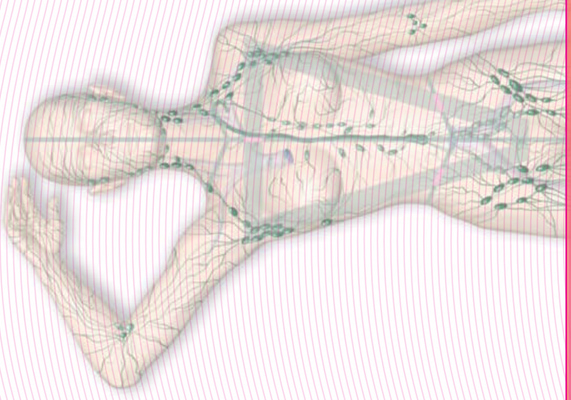

lymphology measuring for custom-made flat-knit upper extremity

effective May 1, 2016

Absolute Medical, Inc.
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: _____

Upper Extremity Options Form - Flat Knit Custom

MATERIAL (1)
- ☐ mediven 550
- ☐ mediven mondi esprit

STYLE/QUANTITY (2)
- ___ arm sleeve (cG) (only)
- ___ long hand section (zD, zE)
- ___ 1 piece hand/arm combo (zG, AG) (one garment)
- ___ 2 pieces hand/arm
  - ☐ porous row for half compression

HANDPIECE/QUANTITY (3)
- ___ gauntlet
- ___ glove
  - ☐ finger open
  - ☐ finger closed

COMPRESSION* (4)

	CCL1 15-21	CCL2 23-32	CCL3 34-46
hand piece:	☐	☐	☐
arm sleeve:	☐	☐	☐

SUPPORT OPTIONS (5)
- ☐ None
- ☐ Topband Options
  - ☐ Beaded Silicone Topband
    - ☐ small (2.5cm)
    - ☐ wide (5cm)
    - ☐ small (2.5cm) 3/4circumference
  - ☐ Profile (honeycomb pattern 5cm)
  - ☐ Peony (beaded 5cm)
- ☐ Beaded Silicone Pieces at G
  - ☐ 5 x 5
  - ☐ 5 x 10 width
- ☐ Shoulder Attachments
  - ☐ Shoulder Strap (K)
    - ☐ small (2.5cm) (adjustable)
    - ☐ wide (5cm) (velcro)
  - ☐ Bra attachment strap width of bra strap _____cm
  - ☐ Shoulder Cap (partial compression)
    - ☐ Standard (partial shoulder width)
    - ☐ Anatomical (encompasses shoulder, must include Box 3 from page one)

OBLIQUE ENDING AT G (6)
- ☐ Standard Oblique
- ☐ Steep Oblique
- ☐ Straight Ending

KNITTING MARKS (FLEXION ANGLE) AT ELBOW (7)
- ☐ 160 degrees (standard)
- ☐ 150 degrees
- ☐ 135 degrees (greatest flexion)

OTHER OPTIONS (8)
- ☐ Silk Lining Material
  location: _____
  (please include drawing in notes section)
  width _____cm length _____cm
- ☐ Lymphpad
  location: _____
  (please include drawing in notes section)
  width _____cm length _____cm

COLOR (9)

* Trend colors require an extra five days for delivery.

☐ Left ☐ Right

☐ Caramel ☐ Black ☐ Sand ☐ Cashmere ☐ Cherry-Red* ☐ Moss-Green* ☐ Anthracite* ☐ Navy* ☐ Magenta* ☐ Aqua*

DESIGN ELEMENTS (10)
- ☐ Live Laugh Love
- ☐ Sportive
- ☐ Timeless

NOTES/ADDITIONAL INFO (11)

page 2 of 2 (remember to fax with page 1)

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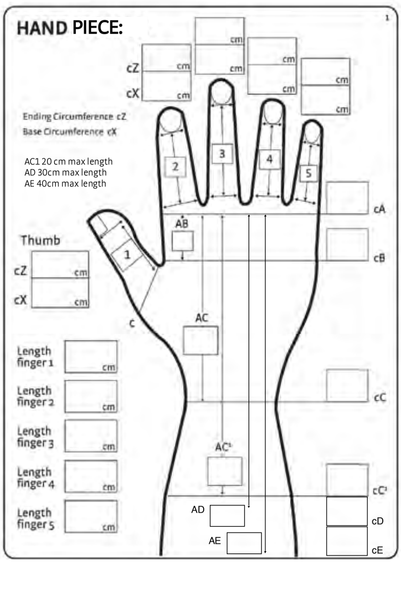
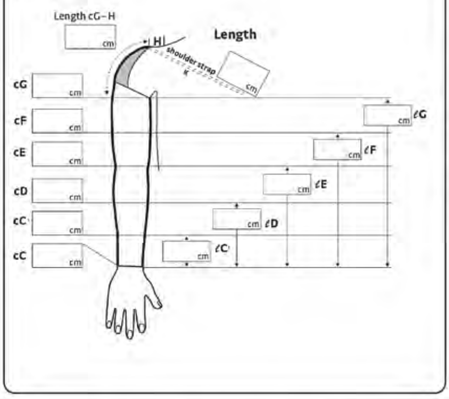
Upper Extremity Options Form - Flat Knit Custom

HAND PIECE: (1)



ARM SLEEVE (2)

Circumference



ANATOMICAL SHOULDER CAP (OPTIONAL) (3)

Shoulder width _____cm

(do not encroach into anterior/posterior axillary fold)

35cm max

page 1 of 2 (remember to fax with page 2)