



Absolute Medical. 1843 W Hubbard St #2A
 Chicago, IL 60622
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 To Order Online: orders@absolutemedical.com
 Our website: absolutemedical.com

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

Arm Order Form

Quote Only

Garment Design

Style Right Arm Left Arm UE - _____

Channeling Chevron Vertical (Design consult needed)

Profile Original Low

Color Black Blue Purple Raspberry Slate

Modifications

QTY.	Notes/Placement Instruction
___ Zippers	_____
___ Closure (VELCRO® brand)	_____
___ Adjustable panels (VELCRO® brand)	_____
___ Pull-up loops	_____
___ Digit spacers	_____
___ Snap tape	_____

Accessories

- ___ Variable Compression Jacket (VCJ)
- ___ Outer Jacket (OJ)
 - Color: Black Blue Purple Raspberry Slate
 - Fastener type: VELCRO® brand fastener Snap
- ___ Easy Slide Donning Aid

Special Instructions:

Exact Reorder of Order #: _____

Measurements

(All measurements in centimeters)

Date taken: ___ / ___ / ___

C = Circumference

L = Length

