



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 Shoulder-Torso 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.



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		

COMMENTS:

Custom Shoulder-Torso Arm Sleeve Order Form

Patient Name: _____

 Previous Patient? ☐ Yes ☐ No

Filter Name: _____ Title: _____ Date: _____

☐ Right Arm ☐ Left Arm

☐ Mastectomy ☐ Left ☐ Right

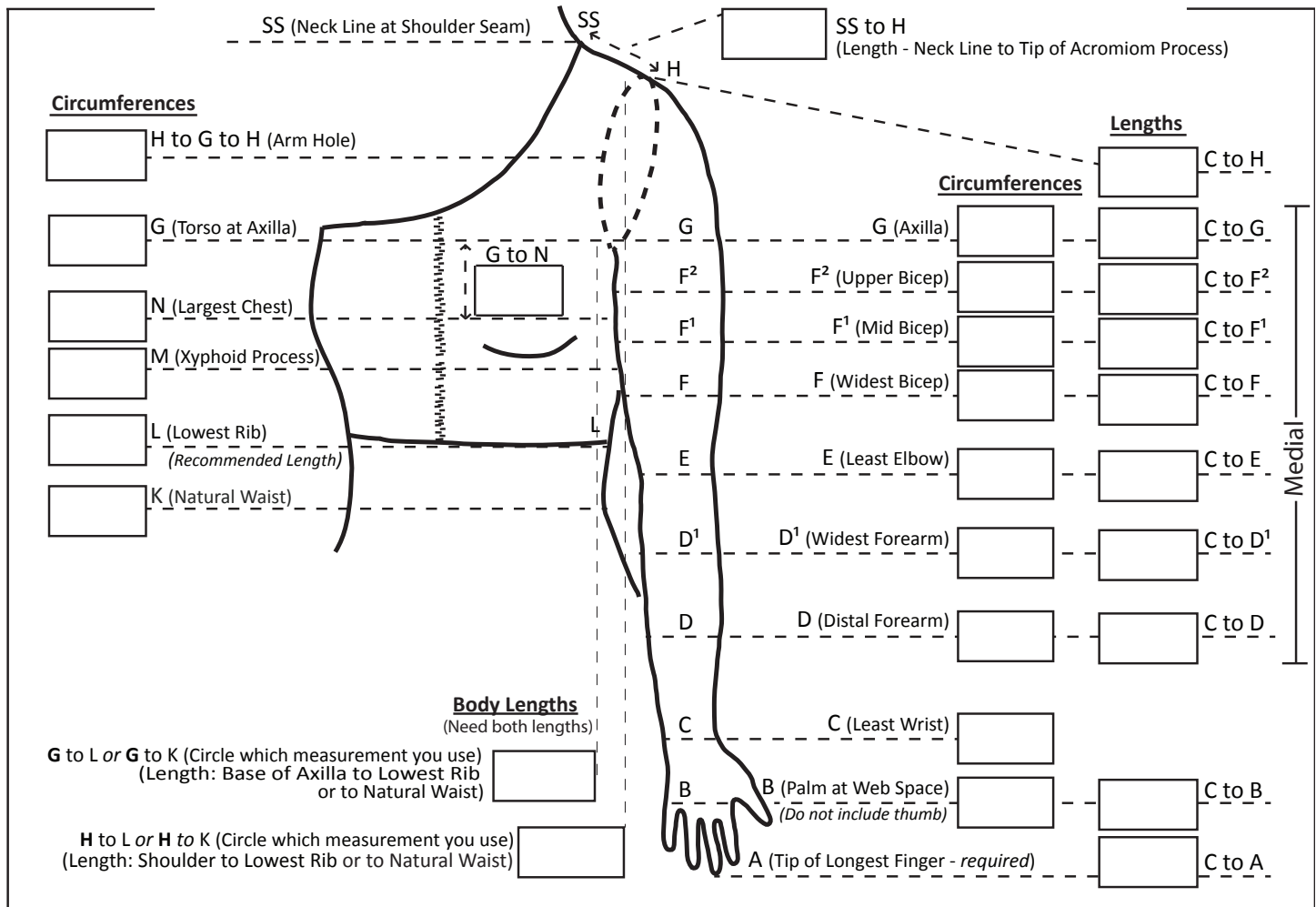
☐ Lumpectomy ☐ Left ☐ Right

☐ Reconstruction ☐ Left ☐ Right

All measurements requested must be provided.

BODY

ARM



Circumferences

H to G to H (Arm Hole)

G (Torso at Axilla)

N (Largest Chest)

M (Xyphoid Process)

L (Lowest Rib)
(Recommended Length)

K (Natural Waist)

Lengths

SS to H
(Length - Neck Line to Tip of Acromiom Process)

C to H

C to G

C to F²

C to F¹

C to F

C to E

C to D¹

C to D

C to B

C to A

Body Lengths
(Need both lengths)

G to L or G to K (Circle which measurement you use)
(Length: Base of Axilla to Lowest Rib or to Natural Waist)

H to L or H to K (Circle which measurement you use)
(Length: Shoulder to Lowest Rib or to Natural Waist)

Circumferences

G (Axilla)

F² (Upper Bicep)

F¹ (Mid Bicep)

F (Widest Bicep)

E (Least Elbow)

D¹ (Widest Forearm)

D (Distal Forearm)

C (Least Wrist)

B (Palm at Web Space)
(Do not include thumb)

A (Tip of Longest Finger - required)

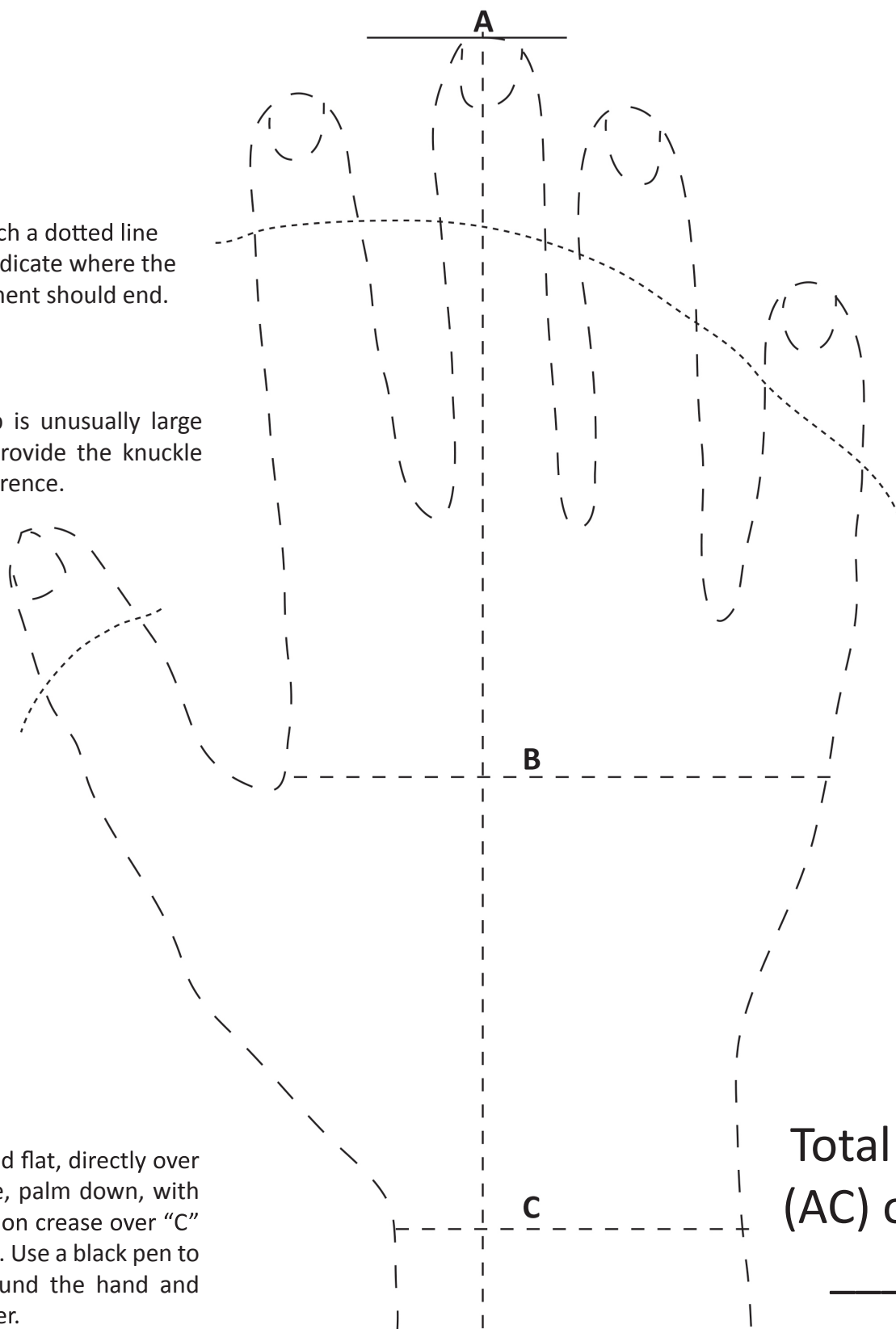
No Charge Options		Additional Charge Options	
<input type="checkbox"/>	Slimline (more channels and less foam)	<input type="checkbox"/>	Stitched Finger Glove
<input type="checkbox"/>	Two Blend Foam (Low ILD)	<input type="checkbox"/>	Arm Sling (attached to garment)
Additional Charge Options		<input type="checkbox"/>	Two Piece Arm Sleeve (separate hand)
<input type="checkbox"/>	Padding in Torso Extension - Channels <input type="checkbox"/> Vertical <input type="checkbox"/> Horizontal	<input type="checkbox"/>	Two Piece JoViJacket
<input type="checkbox"/>	Padded Insert (to equalize pressure over mastectomy site) Color: <input type="checkbox"/> Black <input type="checkbox"/> Buff Size: <input type="checkbox"/> Small (A/B) <input type="checkbox"/> Medium (C) <input type="checkbox"/> Large (D) <input type="checkbox"/> XLarge (DD/E)	<input type="checkbox"/>	Zipper - <input type="checkbox"/> Wrist to Elbow <input type="checkbox"/> Back of Hand
<input type="checkbox"/>	JoViJacket <input type="checkbox"/> Black <input type="checkbox"/> White	<input type="checkbox"/>	Sewn In Pads - <input type="checkbox"/> Dorsum Pad <input type="checkbox"/> Palm Pad
		<input type="checkbox"/>	Dycem® - donning aid
		<input type="checkbox"/>	Easy Slide - donning aid for garments without Stitched Finger Glove
		<input type="checkbox"/>	Prepaid Reduction Option

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.

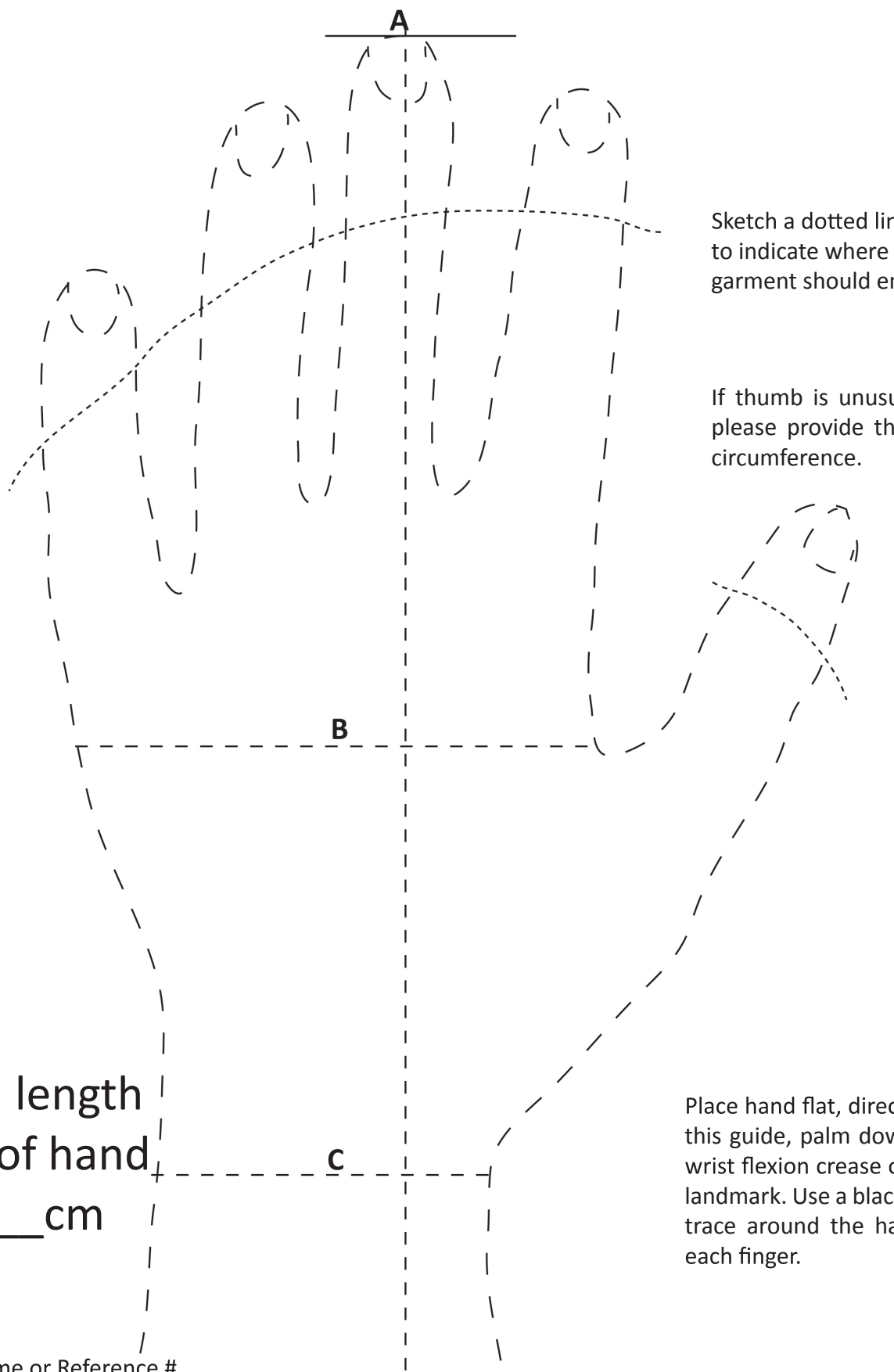
Place hand flat, directly over
this guide, palm down, with
wrist flexion crease over "C"
landmark. Use a black pen to
trace around the hand and
each finger.



Total length
(AC) of hand
_____cm

Patient Name or Reference # _____

Custom Hand Tracing Left Hand



A

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

If thumb is unusually large please provide the knuckle circumference.

B

C

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.

Patient Name or Reference # _____