

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

CUSTOM CHIPSLEEVE ARM

PRODUCT INFORMATION

Arm

☐ LEFT ☐ RIGHT

OVERSLEEVE Color

☐ BLACK ☐ NAVY ☐ PINK ☐ TIE DYE ☐ BLUE HORIZON ☐ LEOPARD

NOTE: If no color is selected, BLACK will be included.

MEASURING INSTRUCTIONS

With patient seated, place the arm extended and elbow bent slightly, with the palm down, on a flat surface.

CIRCUMFERENCES

Measure circumference at Palm and record on line E.

Measure circumference at Wrist, and record on line A.
 Mark dorsal aspect at distal edge of tape.

Measure circumference at Forearm, and record on line A1.

Measure circumference at Elbow, and record on line B.

Measure circumference at mid Bicep, and record on line B1.

Measure circumference at Axilla, and record on line C.
 Mark dorsal aspect at proximal edge of tape.

LENGTH

Measure length at dorsal aspect from mark at Point A to mark at Point C and record in box D.

NOTES:

