



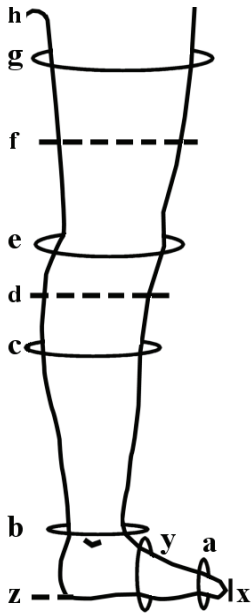
Toll-free fax: 866-808-7538
Custom Lower Extremity
Order and Measuring Form

Custom products have an estimated lead time of 10-14 business days
The ReidSleeve® Products are available for the upper and lower extremities. FDA Class 1. CFR 880.5160.

Check all products for this order:

- Classic ReidSleeve® w/ Gauge
Classic ReidSleeve® w/o Gauge
Carry Case (single)
Carry Case (bilateral)
Precise Gauge (stand alone)
TheCinch®
OptiFlow® EC
Comfort Sleeve®
OptiFlow® SC
The Jazz®
PowerSleeves®
w/ PowerSleeve(s)
w/ PowerSleeve(s)
w/ PowerSleeve(s)
Quantity:

material colors are subject to change without notice



- Measuring For:
Left Side
Right Side
Full Leg
3/4 Leg
1/2 Leg

- Measuring In:
Inches
Centimeters

- Fill In All Circumferences:
g Thigh
f Mid-Thigh
e Knee
d Below Knee
c Calf
b Ankle
y Instep
a Toe

- Fill In All Medial Lengths:
z-h Heel to Groin (Full Leg)
z-f Heel to Mid-Thigh (3/4 Leg)
z-e Heel to Knee
z-d Heel to Below Knee (1/2 Leg)
z-c Heel to Calf
z-b Heel to Ankle
z-x Foot Length

- Footless Garments Only
b-h Ankle to Groin (Full Leg)
b-f Ankle to Mid-Thigh (3/4 Leg)
b-d Ankle to Below Knee (1/2 Leg)
b-c Ankle to Calf

- Custom Options - Universal:
Hip/Knee Extension (NEW)
Hip/Knee Extension (OLD)
Foam Density: Light
Foam Density: Medium
Foam Density: Heavy

- Custom Options - Classic Only:
Groin cut-out
Zipper (1/2 leg only)
Asymmetrical (Use Asymmetrical/Lipoma form)
Lipoma (Use Asymmetrical/Lipoma form)
D-rings

- Custom Colors - Classic Only:
Default color is Black
Shell:
Accent:
Liner:

- Custom Colors - Jazz Only:
Default color is Black
Liner:
PowerSleeve:

Special Requests:

Patient Information

Name or Order# Height Weight
I authorize release of my name to Peninsula BioMedical for identification purposes related to manufacturing of my custom garment.

Signature (patient) Date

For Peninsula BioMedical Use Only

Finished goods inspected for quality compliance to above specifications:

By Date

Bill To

PO Number
Name
Address:
Phone:

Ship To

(if different than billing info)

Name
Address:
Phone:

Method of Shipping

(default method is 3-Day or Ground if destination is on the West Coast)

- Ground
3-Day
2-Day
Overnight
Other

Date Need Shipment Delivered \*

\* Peninsula BioMedical reserves the right to change shipping method if deemed necessary to accommodate a specific delivery date. Expedited orders will incur a 10% fee.

I understand that this is a custom made garment and the garment will be made to the measurements specified above. Peninsula BioMedical is not responsible for measuring errors. Should the garment need to be returned for alterations due to measurement errors, the fee for alterations are the responsibility of the undersigned.

Signature (guarantor of measurements) Date

If credit terms have been provided, I agree to pay the total amount on the invoice within the terms on file with Peninsula BioMedical. All invoices are due and payable within 30 days or per terms of written agreement of the date listed on the invoice. Any invoice over 30 days or the written terms on file is considered delinquent and a 1.5% late fee will be assessed monthly. Should any invoice become delinquent I understand the account may be placed on a C.O.D. basis, a prepay basis or the account may be suspended.

Signature (purchaser) Date