



**Peninsula BioMedical**  
INC.

**Toll-free fax 866-808-7538**  
**Lower Extremity OptiFlow® RM**  
**Order and Measuring Form**

The ReidSleeve® Products are available for the upper and lower extremities. FDA Class 1. CFR 880.5160.

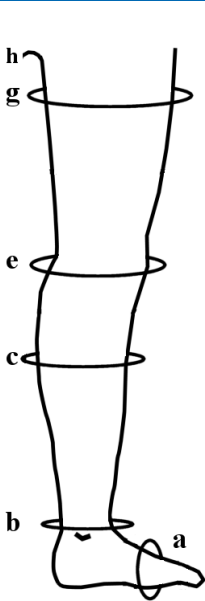
**Check all products and provide quantities for this order:**

**RM - Lower Extremity - Half**

- |  |  |
|--|--|
| <input type="checkbox"/> Qty ___ Short - Small   | <input type="checkbox"/> Qty ___ Long - Medium   |
| <input type="checkbox"/> Qty ___ Medium - Small  | <input type="checkbox"/> Qty ___ X-Long - Medium |
| <input type="checkbox"/> Qty ___ Long - Small    | <input type="checkbox"/> Qty ___ Short - Large   |
| <input type="checkbox"/> Qty ___ X-Long - Small  | <input type="checkbox"/> Qty ___ Medium - Large  |
| <input type="checkbox"/> Qty ___ Short - Medium  | <input type="checkbox"/> Qty ___ Long - Large    |
| <input type="checkbox"/> Qty ___ Medium - Medium | <input type="checkbox"/> Qty ___ X-Long - Large  |

**RM - Lower Extremity - Full**

- |  |   |
|--|---|
| <input type="checkbox"/> Qty ___ Short - Small   | <input type="checkbox"/> Qty ___ Short - Large  |
| <input type="checkbox"/> Qty ___ Medium - Small  | <input type="checkbox"/> Qty ___ Medium - Large |
| <input type="checkbox"/> Qty ___ Long - Small    | <input type="checkbox"/> Qty ___ Long - Large   |
| <b>RM Foot</b>                                   |   |
| <input type="checkbox"/> Qty ___ Short - Medium  | <input type="checkbox"/> Qty ___ Small          |
| <input type="checkbox"/> Qty ___ Medium - Medium | <input type="checkbox"/> Qty ___ Medium         |
| <input type="checkbox"/> Qty ___ Long - Medium   | <input type="checkbox"/> Qty ___ Large          |



**Fill in all circumferences:**

- g \_\_\_ Thigh (Full only)  
c \_\_\_ Calf  
b \_\_\_ Ankle  
a \_\_\_ Instep (Foot only)

**Fill in all lengths:**

- b-h \_\_\_ Ankle to Groin  
b-e \_\_\_ Ankle to Knee

**Measuring for:**

- Left  
 Right

**Measuring in:**

- Inches  
 Centimeters

		RM Leg Length Chart			
		Short	Medium	Long	Extra Long
<b>Length – Full Leg</b> (ankle to groin)	in	25 – 27	> 27 – 29	> 30 – 33	N/A
	cm	63.5 – 68.5	> 68.5 – 73.6	> 76.2 – 83.8	N/A
<b>Length – Half Leg</b> (ankle to knee)	in	10 – 12	> 12 – 14	> 14 – 16	> 16 – 18
	cm	25.4 – 30.4	> 30.4 – 35.5	> 35.5 – 40.6	> 40.6 – 45.7

		RM Leg Size Chart		
		Small	Medium	Large
<b>Thigh</b> *full leg only (circumference)	in	> 20 – 25	> 25.5 – 29.5	> 28 – 33
	cm	> 50.8 – 63.5	> 64.7 – 74.9	> 71.1 – 83.8
<b>Calf</b> (circumference)	in	> 12 – 16	> 15.5 – 19	> 17 – 20
	cm	> 30.4 – 40.6	> 39.3 – 48.2	> 43.1 – 50.8
<b>Ankle</b> (circumference)	in	> 7 – 10	> 8 – 12	> 10 – 14
	cm	> 17.7 – 25.4	> 20.3 – 30.5	> 25.4 – 35.5

		RM Foot Size Chart		
		Small	Medium	Large
<b>Ankle</b> (circumference)	in	> 7 – 10	> 8 – 12	> 10 – 14
	cm	> 17.7 – 25.4	> 20.3 – 30.5	> 25.4 – 35.5
<b>Instep</b> (circumference)	in	> 7.5 – 9.5	> 9.5 – 11	> 11 – 12.5
	cm	> 19 – 24	> 24 – 28	> 28 – 32

Please do initial fitting of all OptiFlow® RM products with the provided cotton stockinette. If the fit is not correct, immediately remove; garments are returnable for exchange only if cotton stockinette is utilized. Soiled or used garments are non-returnable, non-refundable.

**Patient Information**

Name or Order# \_\_\_\_\_

I authorize release of my name to Peninsula BioMedical, Inc. for identification purposes related to this garment.

Signature (patient) \_\_\_\_\_ Date \_\_\_\_\_

**Bill To**

PO Number \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

**Ship To**

(if different than billing info)

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

**Method Of Shipping**

- Ground     3<sup>rd</sup> Day     2<sup>nd</sup> Day     Overnight     Other \_\_\_\_\_  
(Default method is 3rd day or ground if on west coast)

If credit terms have been provided, I agree to pay the total amount on the invoice within the terms on file with Peninsula BioMedical, Inc. 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 \_\_\_\_\_