



## Toll-free fax 866-808-7538

# Upper Extremity OptiFlow® RM Special Order & 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 -Upper Extremity

- Qty \_\_\_\_ 19 S-23
- Qty \_\_\_\_ 19 M-25
- Qty \_\_\_\_ 19 L-27

### OptiFlow Packs

- |  |  |
|--|--|
| <input type="checkbox"/> Qty ____ Oval (Lg)  | <input type="checkbox"/> Qty ____ T (Lg)         |
| <input type="checkbox"/> Qty ____ Oval (Sm)  | <input type="checkbox"/> Qty ____ T (Sm)         |
| <input type="checkbox"/> Qty ____ Oval (1/2) | <input type="checkbox"/> Qty ____ Rectangle (Sm) |
| <input type="checkbox"/> Qty ____ Round (Lg) | <input type="checkbox"/> Qty ____ U              |
| <input type="checkbox"/> Qty ____ Round (Sm) |  |

### Fill in all circumferences:

- g \_\_\_\_ Axilla
- f \_\_\_\_ Elbow
- e \_\_\_\_ Elbow
- c \_\_\_\_ Wrist

### Fill in length:

- a-g \_\_\_\_ Fingertips to Axilla

### Measuring in:

- Inches
- Centimeters

		Size		
		19S-23	19M-25	19L-27
<b>Length</b> (fingertips to axilla)	in	22 – 23	24 – 25	26 – 27
	cm	55.5 – 58.5	61.0 – 63.5	66.0 – 68.5
<b>Axilla</b> (circumference)	in	16 – 19		
	cm	40.5 – 48.5		
<b>Elbow</b> (circumference)	in	12 – 17		
	cm	30.0 – 43.5		
<b>Wrist</b> (circumference)	in	8 – 11		
	cm	20.0 – 30.0		

**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 \_\_\_\_\_