PENINSULA MEDICAL, INC. **LymphaCare – Authorized Dealer**

REIDSLEEVE® CLASSIC MEASURING CHART - ARM

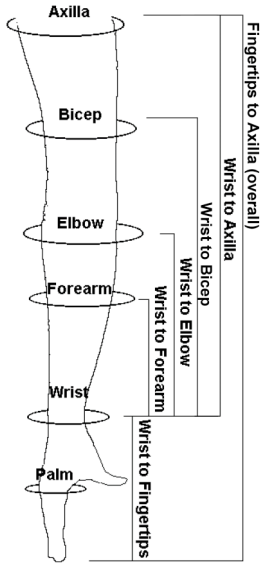
INSTRUCTIONS FOR MEASUREMENT OF THE ARM

1) Measure the length of the arm from the fingertips to axilla, wrist to axilla, wrist to bicep, wrist to elbow, wrist to forearm, and wrist to fingertips.
2) Measure the maximum circumferences of the axilla, bicep, elbow, forearm, wrist, and palm. (pull the tape snug, but not tight)
3) Measurements may be in inches or centimeters, but be consistent.

Circle one: *Inches* or *Centimeters* **Circle one:** *Left* or *Right*

Lengths

Fingertips to Axilla _____ (overall length)
Wrist to Axilla _____
Wrist to Bicep _____
Wrist to Elbow _____
Wrist to Forearm _____
Wrist to Fingertips _____



Circumferences

Axilla _____
Bicep _____
Elbow _____
Forearm _____
Wrist _____
Palm _____

Patient Information

Height_____ Weight_____

Additional Custom Requests: (Check all that apply)

☐ D-Rings ☐ Shoulder Extension ☐ Zipper ☐ Classic glove design
☐ Axilla cut-out ☐ Color (if not specified, black is default) _____
☐ Special Requests_____

Distributor's Name **LymphaCare** **PO#** _____

I authorize release of my name to Peninsula Medical Inc. for identification purposes related to the manufacturing of my custom garment.

_____ _____ _____
Patient Name (please print) Signature Date

Gauge to be sent with this order: *Yes* or *No* (circle one)

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

_____ _____
Signature (guarantor of measurements) Date

LymphaCare. 459 Columbus Ave. Suite 129, New York, NY 10024
Phone: 800-288-1801 **Fax: 212-937-3162**

www.lymphacare.com

For Peninsula Medical Use Only: Finished goods inspected for quality compliance to above specifications by_____date_____.

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