

THE CONTOUR MEASURING CHART - ARM

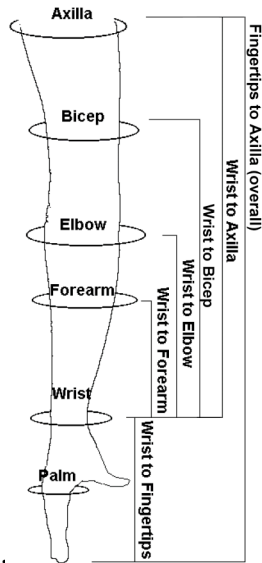
INSTRUCTIONS FOR MEASUREMENT OF THE ARM

- 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 _____



Circumferences

Axilla _____
 Bicep _____
 Elbow _____
 Forearm _____
 Wrist _____

(Hand piece not included with The Contour Arm Sleeve)

To order a separate hand piece, fill out the portion below:

Circle one: *Edema in the hand?* *Yes or No* **Which hand?** *Left or Right*

Palm _____ Wrist to Fingertips _____

PowerSleeve Quantity _____ **If ordering PowerSleeve ONLY check here**

Patient Information

Height _____ Weight _____

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 _____.