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

OPTIFLOW SC® 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 _____

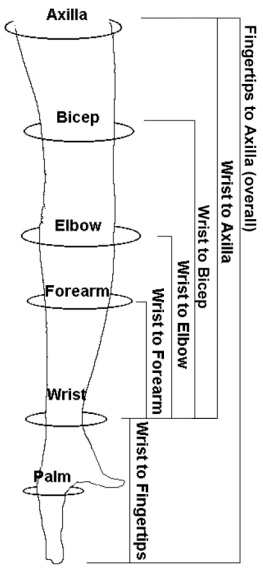
Bicep _____

Elbow _____

Forearm _____

Wrist _____

Palm _____



Patient Information

Height _____ Weight _____

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

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

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

*Material colors are subject to change without notice

LymphaCare. 459 Columbus Ave. Suite 129, New York, NY 10024

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www.lymphacare.com

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