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

THE OPTIFLOW RM (READY-MADE) SIZE CHART

Fit by Axilla circumference. Remaining measurements (elbow and wrist) should fall within the indicated ranges. Length measurements are taken with arm extended slightly from the side of the body (hand approximately 12 inches from hip).

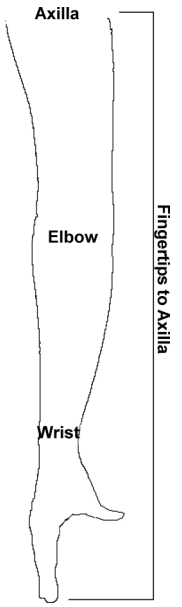
Circle one: *Inches* or *Centimeters*

Axilla _____

Elbow _____

Wrist _____

Fingertips to Axilla _____
(Overall Length)



Circle Size For Ordering

13S-23

13M-25

13L-27

16S-23

16M-25

16L-27

Size	Circumference Axilla	Length	Wrist	Elbow
13S-23	10" - 13" (25.5 - 33.0 cm)	22" - 23" (55.5 - 58.5 cm)	5 ½" - 7 ½" (14.0 - 19.0 cm)	8" - 11 ½" (20.0 - 29.0 cm)
13M-25	10" - 13" (25.5 - 33.0 cm)	24" - 25" (61.0 -63.5 cm)	5 ½" - 7 ½" (14.0 - 19.0 cm)	8" - 11 ½" (20.0 - 29.0 cm)
13L-27	10" - 13" (25.5 - 33.0 cm)	26" - 27" (66.0 - 68.5 cm)	5 ½" - 7 ½" (14.0 - 19.0 cm)	8" - 11 ½" (20.0 - 29.0 cm)
16S-23	>13" - 16" (33.1 - 38.0 cm)	22" - 23" (55.5 - 58.5 cm)	>7 ½" - 8 ½" (19.1 - 21.5 cm)	>11 " - 13" (28– 33 cm)
16M-25	>13" - 16" (33.1 - 38.0 cm)	24" - 25" (61.0 -63.5 cm)	>7 ½" - 8 ½" (19.1 - 21.5 cm)	>11" - 13" (28 – 33 cm)
16L-27	>13" - 16" (33.1 - 38.0 cm)	26" - 27" (66.0 - 68.5 cm)	>7 ½" - 8 ½" (19.1 - 21.5 cm)	>11 " - 13" (28 - 33 cm)

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

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

_____ _____ _____
Patient Name (please print) Signature Date

Please do initial fitting with the provided cotton stockinette, if fit is not correct, immediately remove. Garments are returnable for exchange if cotton stockinette is utilized. Soiled or used garments are non-returnable, non-refundable.

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_____.