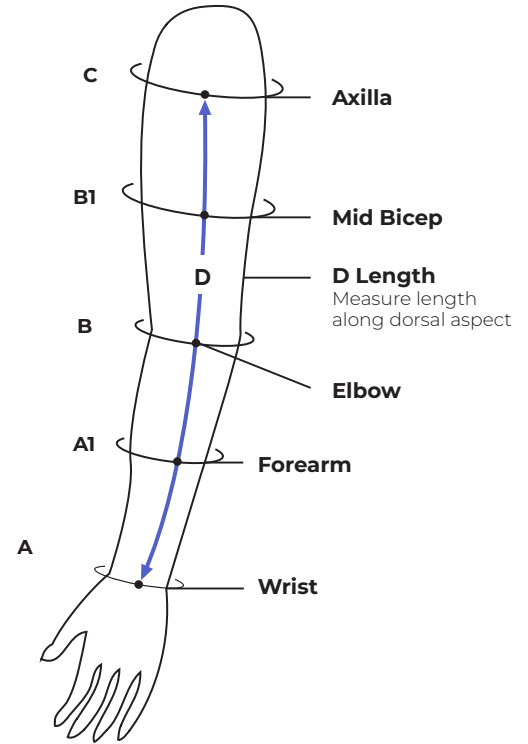


Patient Name:		Contact Name:
Account Name:		Account #:
Account Phone #:		P.O. #:
Item #: 2739-AR	Height:	Weight:
Ship Name & Address:		Date:

Product Information	
Product includes one Chipsleeve Custom Arm, one pair of Cotton Liners, and one black Oversleeve.	
<input type="checkbox"/> Right Arm	Color: Black
<input type="checkbox"/> Left Arm	Color: Black

**Circumference**  
Left    Right

C	_____	_____
B1	_____	_____
B	_____	_____
A1	_____	_____
A	_____	_____
<b>D Length</b>		
<i>Measure length along dorsal aspect</i>		
D	_____	_____



## Important

Exact measurements are critical for this garment to ensure a proper fit. If you'd like to learn more about measuring and fitting, attend our MCE Basic Fitter Training. To sign up, visit [sigvariseducation.com](http://sigvariseducation.com) or contact your local territory manager for more information.

Alternatively, call Customer Care Solution Center at **800-322-7744**, or e-mail [us\\_orders@sigvaris.com](mailto:us_orders@sigvaris.com), to receive a remote consultation/training.

## Supplies Needed

- Cell phone with camera. photos of the arm with measurement markings must be emailed to: **us\_orders@sigvaris.com**
- Measuring instructions and forms.
- SIGVARIS GROUP Measuring tape and body pen (or eyeliner pencil).
- Signed Custom Order Terms & Conditions Form (include with order).

## MEASURING INSTRUCTIONS

With patient seated, place the arm extended and elbow bent slightly, with the palm down, on a flat surface.

## CIRCUMFERENCES

- Measure circumference at palm and record on line E.
- Measure circumference at wrist, and record on line A.
- Mark dorsal aspect at distal edge of tape.
- Measure circumference at forearm, and record on line A1.
- Measure circumference at elbow, and record on line B.
- Measure circumference at mid bicep, and record on line B1.
- Measure circumference at axilla, and record on line C.
- Mark dorsal aspect at proximal edge of tape.

## LENGTH

Measure length at dorsal aspect from mark at Point A to mark at Point C and record in box D.



Insurance Covered  
**COMPRESSION  
THERAPY**

Phone 309-664-7930 • Fax 309-664-7931  
Email [orders@medsourceorders.com](mailto:orders@medsourceorders.com)

A PDF of this order form can be found online at: [sigvaris.group/mceforms](http://sigvaris.group/mceforms) or scan here:

