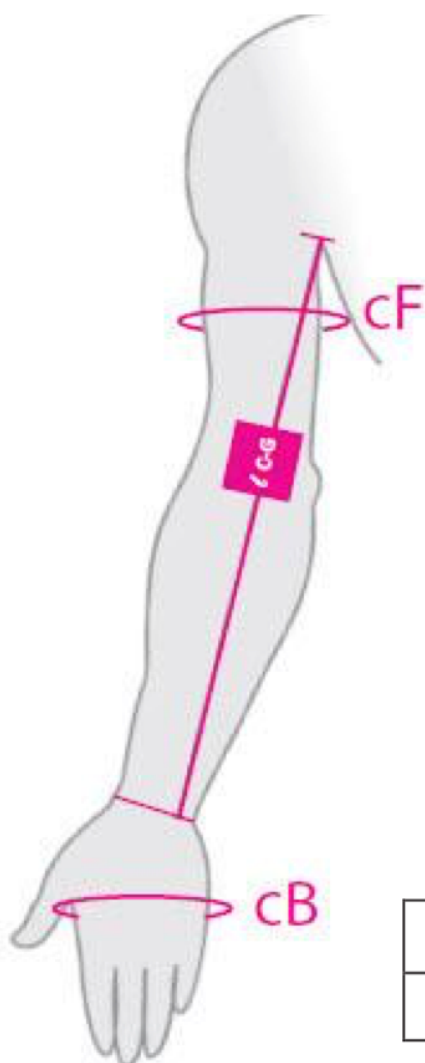


Date: ____/____/____

Patient Name: _____

Fitter/Therapist Name: _____

Ship to: _____



arm kit: Check the box next to the corresponding length and width.

** If cB is > 25cm hand wrap will not fit, though reduction arm component may still be used.*

	Length		Width		Quantity
	Standard	Long	Regular	Wide	
Left	<input type="checkbox"/> C-G < 45cm	<input type="checkbox"/> C-G > 45cm	<input type="checkbox"/> cF < 50cm <input type="checkbox"/> cB < 25cm*	<input type="checkbox"/> cF 50-80cm <input type="checkbox"/> cB < 25cm*	
Right	<input type="checkbox"/> C-G < 45cm	<input type="checkbox"/> C-G > 45cm	<input type="checkbox"/> cF < 50cm <input type="checkbox"/> cB < 25cm*	<input type="checkbox"/> cF 50-80cm <input type="checkbox"/> cB < 25cm*	

Each arm kit includes:

- 1 reduction arm component
- 1 pair undersleeve arm
- 1 customizable hand wrap
- 1 Built-In-Tension guide card
- 1 paper measuring tape
- 1 direction for use

additional ancillary items:

undersleeve arm standard Standard <50cm max circ. Quantity (Each)	undersleeve arm wide Wide <80cm max circ. Quantity (Each)	reduction kit shelf strap Quantity (Each)