



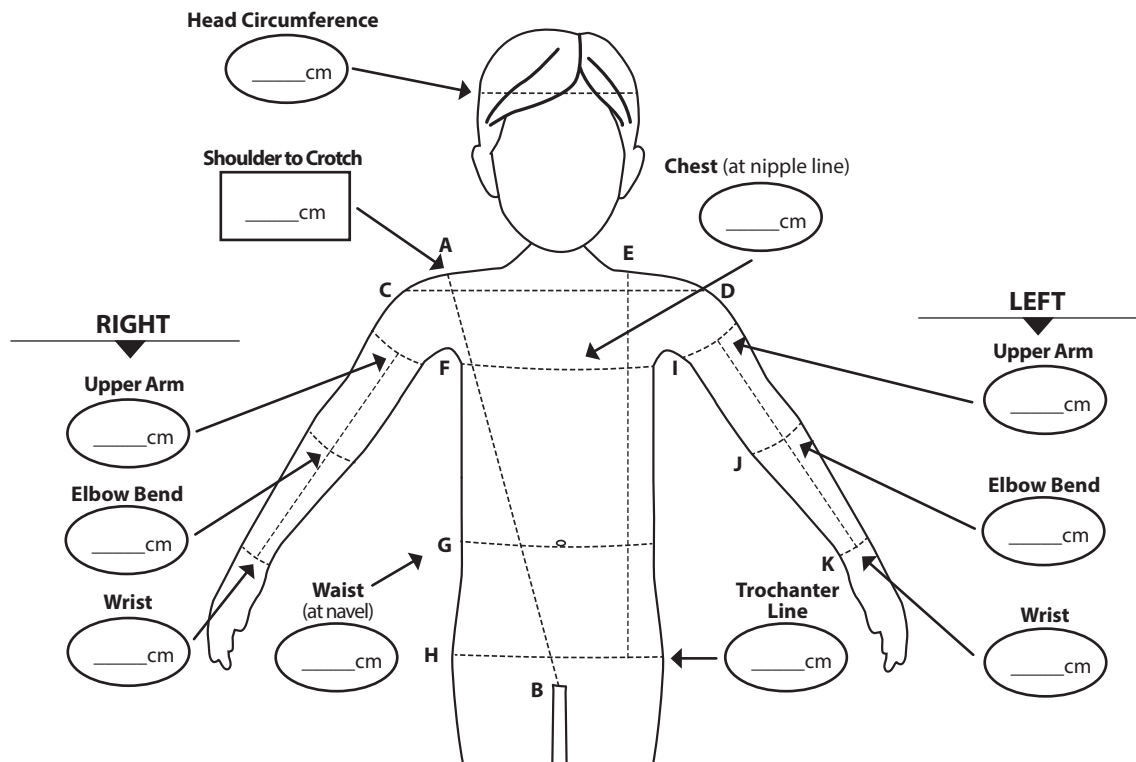
Date \_\_\_\_\_

Name (Patient) \_\_\_\_\_ Age \_\_\_\_\_

Contact Name \_\_\_\_\_

Contact Phone \_\_\_\_\_ Contact Email \_\_\_\_\_

### Measurement Key

Length = Circumference = Measure patient laying down. **Measure elbow circumference at 15 degrees flexion.** Measurements should be in centimeters. Measure on top of the torso, not the side.**To avoid any delays, all fields must be filled in.**

Shoulder Tip to Shoulder Tip

Line C - D

Shoulder to Chest (nipple line)

Line E - F

Shoulder to Waist

Line E - G

Shoulder to Trochanter

Line E - H

Upper Arm to Elbow Bend

Line I - J

Elbow Bend to Wrist

Line J - K

#### Product Measurements

Underarm to Shirt End  
Line F - H

Sleeve Inseam Length

- 
- Long Sleeve
- 
- 
- Short Sleeve

#### Additional Information

#### Options

##### Neck Closure

- 
- Zipper
- 
- 
- Velcro
- 
- 
- None

Color  Black  Blue  WhiteAbdominal Reinforcement  Yes  No