

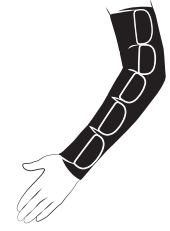
Patient Name	Order No.	Repeat Garment No.
Date Measured	Clinic / Hospital	
Measured by	Telephone	E-mail



1 QUANTITY

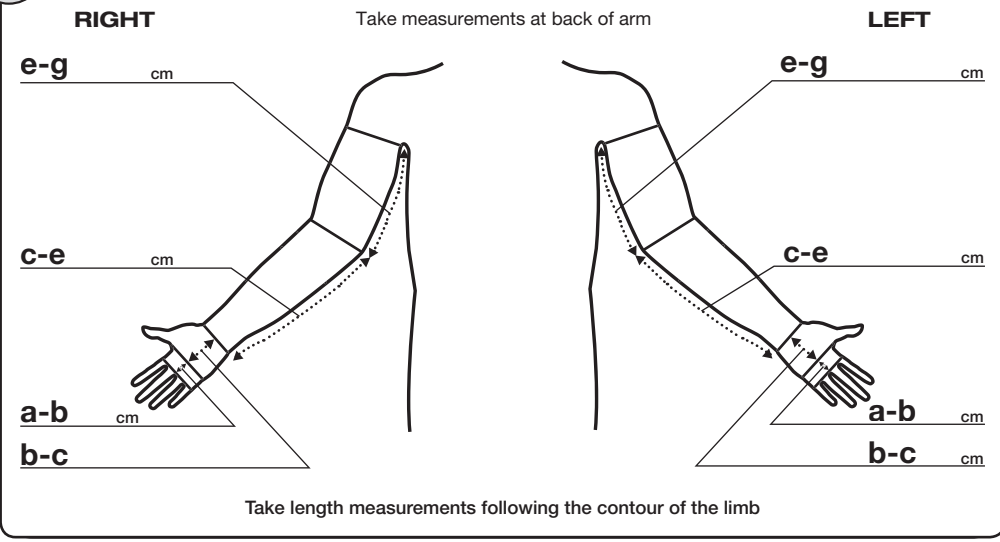


HAND	Right	Left
Light EL-HC		

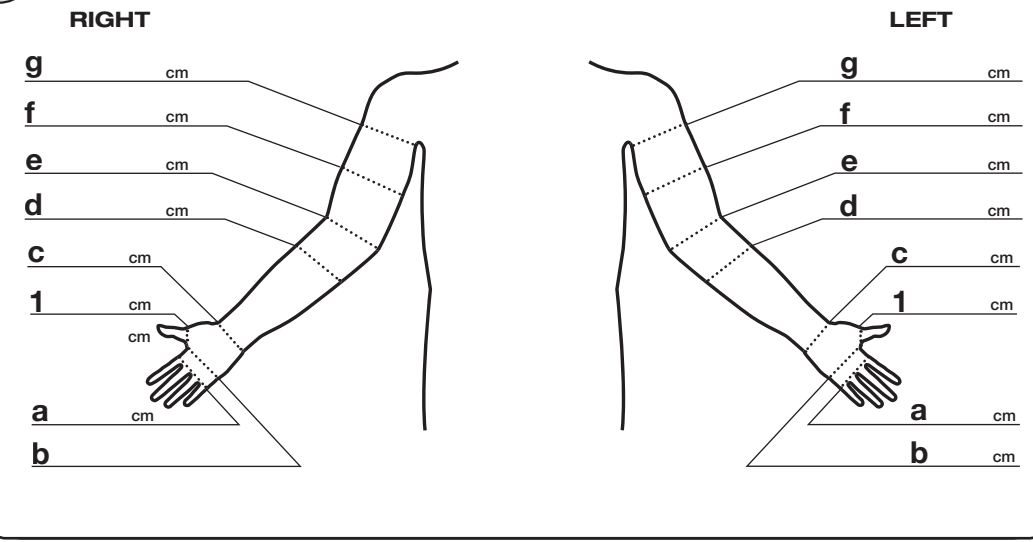


ARM	Right	Left
Light EL-AC		

2 LENGTH MEASUREMENTS



3 CIRCUMFERENCE MEASUREMENTS



MEASUREMENT POINTS

- | | |
|------------------------|---------------------------------------|
| g Axilla | d Widest forearm |
| f Mid upper arm | 1 Base of thumb (widest point) |
| e Elbow crease | b Palm at fold of thumb |
| c Wrist crease | a Palm at base of fingers |

4 COMMENTS / REQUESTS