Fitter Last Name:	Fitter First Name:
Fitter Title:	(example PT/OT/PTA)
Date:	
SIGVARIS AF	RMASSIST ™_
Measur	re & Order Form
I have watched the online instruction video	ad and understand the written measuring
	ns for the ArmAssist <sup>™</sup> custom garment.
rders will not be accepted without all three boxes bein	g checked. Your assistance in this will help the patient receive a
etter product in less time.	g chocked i can accidente in the ministration patient receive a
PARTIES OPTIONS	
PRODUCT OPTIONS	
ARM: Left Right FOAM: Regular	(flat foam)
	= Locations measured along dorsal aspect
	Circumference
Anterior Axilla	Posterior Axilla—
	25cm
	20cm
<b>⊢ A</b>	15cm <b>B</b>
Length	Length
	10cm
	₹ 5cm
	Olecranon Process
Elbow Crease	Ø Point Elbow
t-1-1	
f-+-	5cm
	10cm
	15cmLength
F-1-/s	20cm
<b>↓-</b>	
	25cm
<del></del>	Ulnar Styloid
	D
	Length Length
Third Metacarpal Head	
Width of hand across dorsal metacarpal heads <b>E Width</b>	

Patient Last Name: \_\_\_\_\_ Patient First Name: \_\_\_\_\_