

Patient Last Name: _____ Patient First Name: _____
 Fitter Last Name: _____ Fitter First Name: _____
 Fitter Title: _____ (example PT/OT/PTA)
 Date: _____

SIGVARIS

ARMASIST™ Measure & Order Form

I have watched the online instruction video for the ArmAssist™ custom garment.

I have read and understand the written measuring instructions for the ArmAssist™ custom garment.

Orders will not be accepted without all three boxes being checked. Your assistance in this will help the patient receive a better product in less time.

PRODUCT OPTIONS

ARM: Left Right

FOAM: Regular (flat foam) Advanced (WaveFoam™)

● = Locations measured along **dorsal** aspect

