

PO/Estimate #: \_\_\_\_\_ Company: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Patient: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Ht: \_\_\_\_\_ Wt: \_\_\_\_\_

Bill-To Name & Address: \_\_\_\_\_

Ship-To Name & Address: \_\_\_\_\_

**MEASURING INSTRUCTION OPTIONS**

**CATALOG:** Page 59 for ArmAssist™ custom Arm measuring instructions.

**WEB:** Scan QR code OR visit BiaCare.com



**EMAIL:** Sales@BiaCare.com

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.

Photos have been emailed to: Sales@BiaCare.com

**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

