

PO#: \_\_\_\_\_ Company: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

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

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

**MEASURING INSTRUCTION OPTIONS**

**CATALOG:** Page 68 for standard size Arm measuring instructions.

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



**EMAIL:** Sales@BiaCare.com

**PRODUCT INFORMATION**

ARM:  Left  Right

Size: \_\_\_\_\_

Length: \_\_\_\_\_

Item #: \_\_\_\_\_

**OVERSLEEVE (check one):**

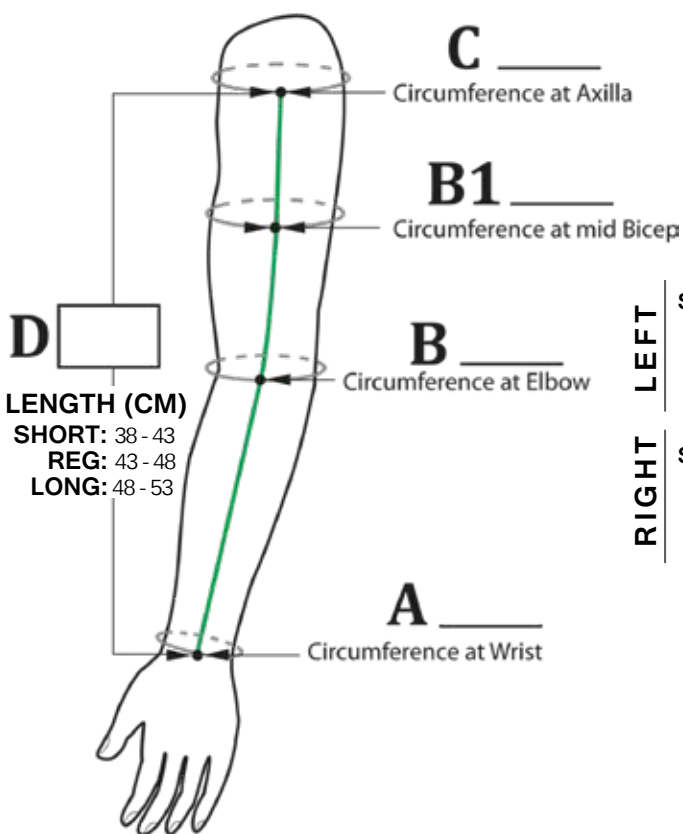
Black  Pink  Leopard

Navy  Tie-Dye  Purple Paisley

**Note:** If no color is specified, a black OverSleeve™ will be included.

Custom Size (use measuring form on page 12 if ordering a custom size ChipSleeve™ - ARM).

**SIZING CHART & ITEM NUMBERS**



		CHIPSLEEVE - ARM				
		SMALL	MEDIUM	LARGE	X - LARGE	XX - LARGE
LEFT	C	23 - 32	28 - 37	33 - 43	39 - 49	44 - 54
	B1	22 - 30	26 - 34	30 - 39	35 - 44	39 - 49
	B	20 - 27	24 - 31	28 - 35	32 - 39	36 - 43
	A	14 - 17	15 - 18	16 - 19	18 - 20	19 - 22
RIGHT	SHORT	2631 - AS - L	2632 - AS - L	2633 - AS - L	2634 - AS - L	2635 - AS - L
	REG	2631 - AR - L	2632 - AR - L	2633 - AR - L	2634 - AR - L	2635 - AR - L
	LONG	2631 - AL - L	2632 - AL - L	2633 - AL - L	2634 - AL - L	2635 - AL - L
	SHORT	2631 - AS - R	2632 - AS - R	2633 - AS - R	2634 - AS - R	2635 - AS - R
	REG	2631 - AR - R	2632 - AR - R	2633 - AR - R	2634 - AR - R	2635 - AR - R
	LONG	2631 - AL - R	2632 - AL - R	2633 - AL - R	2634 - AL - R	2635 - AL - R