



36 W. Route 70, Ste 214, Marlton NJ 08053  
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# Custom Upper Extremity Order and Measuring Form

**Custom products have an estimated lead time of 10-14 business days**

The ReidSleeve® Products are available for the upper and lower extremities. *FDA Class 1. CFR 880.5160.*

**Check all products for this order:**

- |  |   |
|--|---|
| <input type="checkbox"/> Classic ReidSleeve® w/ Gauge  | <input type="checkbox"/> Comfort Sleeve® ♦ w/ _____ PowerSleeve(s)                  |
| <input type="checkbox"/> Classic ReidSleeve® w/o Gauge | <input type="checkbox"/> <b>Comfort Hand Piece</b> ♦ w/ _____ <b>PowerSleeve(s)</b> |
| <input type="checkbox"/> Carry Case                    | <input type="checkbox"/> Comfort Plus® ♦ w/ _____ PowerSleeve(s)                    |
| <input type="checkbox"/> Precise Gauge (stand alone)   | <input type="checkbox"/> Extend to fingertips                                       |
| <input type="checkbox"/> TheCinch®                     | <input type="checkbox"/> <b>The Opera</b> ® ♦ w/ _____ <b>PowerSleeve(s)</b>        |
| <input type="checkbox"/> OptiFlow® EC                  | <input type="checkbox"/> OptiFlow® SC ♦ w/ _____ PowerSleeve(s)                     |
|  | <input type="checkbox"/> <b>The Jazz</b> ® w/ _____ <b>PowerSleeve(s)</b>           |
|  | <input type="checkbox"/> PowerSleeves® ♦ Quantity: _____<br>(stand alone)           |

♦ material colors are subject to change without notice

**Custom Options - Universal:**

- Shoulder Extension (NEW)
- Shoulder Extension (OLD)
- Foam Density: Light
- Foam Density: Medium
- Foam Density: Heavy

**Custom Options - Classic Only:**

- Axilla cut-out
- Classic Glove design
- Asymmetrical (Use Asymmetrical form)
- Zipper
- D-rings

**Custom Colors - Classic only:**

■ Default color is Black

- Shell: \_\_\_\_\_
- Accent: \_\_\_\_\_
- Liner: \_\_\_\_\_

**Custom Colors - Jazz Only:**

■ Default color is Black

- Liner: \_\_\_\_\_
- PowerSleeve: \_\_\_\_\_

**Special Requests:**

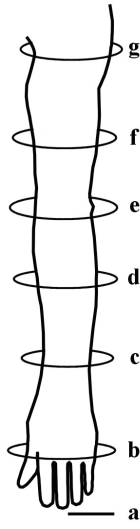
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Measuring For:**

- Left Side
- Right Side

**Measuring In:**

- Inches
- Centimeters

**Fill In All Circumferences:**

- g \_\_\_\_\_ Axilla
- f \_\_\_\_\_ Bicep
- e \_\_\_\_\_ Elbow
- d \_\_\_\_\_ Forearm
- c \_\_\_\_\_ Wrist
- b \_\_\_\_\_ Palm

**Fill In All Lengths:**

- Desired Length
- a-g \_\_\_\_\_ Fingertips to Axilla
  - b-g \_\_\_\_\_ Knuckles to Axilla
  - c-g \_\_\_\_\_ Wrist to Axilla
  - c-f \_\_\_\_\_ Wrist to Bicep
  - c-e \_\_\_\_\_ Wrist to Elbow
  - c-d \_\_\_\_\_ Wrist to Forearm
  - c-b \_\_\_\_\_ Wrist to Knuckles
  - c-a \_\_\_\_\_ Wrist to Fingertips

**Patient Information**

Name or Order# \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_  
 I authorize release of my name to Peninsula BioMedical Inc. for identification purposes related to manufacturing of my custom garment.

Signature (patient) \_\_\_\_\_ Date \_\_\_\_\_

**For Peninsula BioMedical Use Only**

Finished goods inspected for quality compliance to above specifications:

By \_\_\_\_\_ Date \_\_\_\_\_

**Bill To**

PO Number \_\_\_\_\_  
 Name \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**Ship To**

(if different than billing info)

Name \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**Method of Shipping**

(default method is 3-Day or Ground if destination is on the West Coast)

- Ground
- 3-Day
- 2-Day
- Overnight
- Other \_\_\_\_\_

**Date Need Shipment Delivered \***

\* Peninsula BioMedical reserves the right to change shipping method if deemed necessary to accommodate a specific delivery date. Expedited orders will incur a **10% fee**.

I understand that this is a custom made garment and the garment will be made to the measurements specified above. Peninsula BioMedical, Inc. is not responsible for measuring errors. Should the garment need to be returned for alterations due to measurement errors, the fee for alterations are the responsibility of the undersigned.

Signature (guarantor of measurements) \_\_\_\_\_ Date \_\_\_\_\_

If credit terms have been provided, I agree to pay the total amount on the invoice within the terms on file with Peninsula BioMedical. All invoices are **due and payable within 30 days or per terms of written agreement** of the date listed on the invoice. Any invoice over 30 days or the written terms on file is considered delinquent and a **1.5% late fee** will be **assessed monthly**. Should any invoice become delinquent I understand the account may be placed on a C.O.D. basis, a prepay basis or the account may be suspended.

Signature (purchaser) \_\_\_\_\_ Date \_\_\_\_\_