

17 ARM

ARM CIRCUMFERENCES

If spine of measuring tape was pleated, give center-to-center distance between tapes only at axilla, wrist, and gauntlet. All measurements in 1/8in units. Enter inches and 1/8ths for all. Enter elbow measurements beside box marked "Elbow" (Tape#9).

EXAMPLE:

1	2	6
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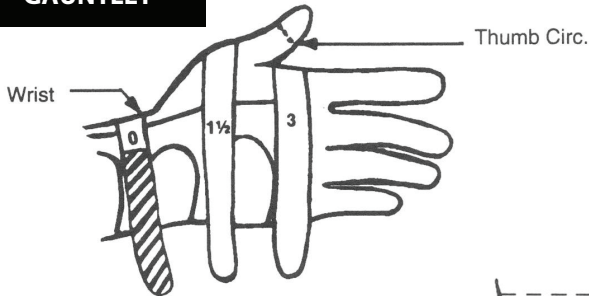
 = 12 6/8"

0	7	3
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 = 7 3/8"

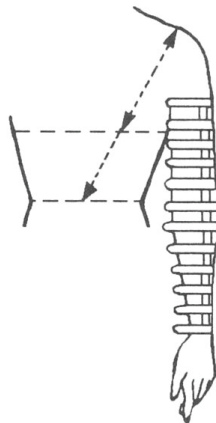
PLEATS	LEFT	TAPE#	RIGHT	PLEATS						
		4 1/2								
		3								
		1 1/2								
		0								
		1 1/2								
		3								
		4 1/2								
		6								
		7 1/2								
	<table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td></tr></table>				Elbow 9	<table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td></tr></table>				
		10 1/2								
		12								
		13 1/2								
		15								
		16 1/2								
		18								
		19 1/2								

21 GAUNTLET



Circumference of Thumb		Thumb Open Tip	
Left	Right	Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>

Desired Thumb Length	
Left	Right



22 SHOULDER FLAP

SHOULDER FLAP
length diagonally from top of shoulder to waist or below breast

Left	Right

Provide circumference at waist or below breast if adjustable flap is requested

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W/O

18 STYLES	CAT#	Qty Left	Qty Right	PRICE EACH	TOTAL
Forearm Sleeve (wrist to elbow)	0515				
Forearm Sleeve with Gauntlet (metacarpals to elbow)	0516				
Arm Sleeve (wrist to axilla)	0501				
Arm Sleeve with Attached Shoulder Flap	0503				
Arm Sleeve with Attached Gauntlet (metacarpals to axilla)	0502				
Detachable Gauntlet	0505				
19 OPTIONS	CAT#	Qty Left	Qty Right	PRICE EACH	TOTAL
Type Color Choice Here					
Type Color Choice Here					
Zipper (each opening) Mark Length at (20)	1164				
Lining Inside Elbow	1167				
Lining Full Elbow	1168				
Adjustable ShoulderFlap (see 22)	1172				
Contracture Seam	0176				
1" Silicone Band	1118				
2" Silicone Band	0160				

23 Subtotal

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20 ZIPPER LENGTH

Full length zipper is standard. If shorter zipper is desired, please indicate length from wrist in whole inches.

Standard zipper - Lateral (radial) (outside)Aspect	<input type="checkbox"/>	<input type="checkbox"/>		
Medial (ulnar) (inside) Aspect	<input type="checkbox"/>	<input type="checkbox"/>		
Posterior (back of hand)	<input type="checkbox"/>	<input type="checkbox"/>		
Anterior (palm of hand)	<input type="checkbox"/>	<input type="checkbox"/>		

LOCATION (x)		LENGTH (in inches)	
LEFT	RIGHT	LEFT	RIGHT

COMMENTS