

Include this Order Information form with all ExoCustom orders

1. Order Information				3. Billing Information		
Date: PO #:		Account #:				
☐ Original order ☐ Reorder w/ changes ☐ Exact reorder				Bill to:		
Fax / Email (for confirmation):				Attention:		
Measured By (for order questions)				Address:		
Name:				Address 2:		
Facility:				City:		
Phone / Email:				State:		Zip:
				Phone:		
2. Client Information				Email:		
Name / ID:			Credit Card Information (if applicable)			
Age:	Gender	r: □ Female □ Male)	#:		
				Exp Date:	/	SID:
Comments						
				4. Shipping	nformation	☐ Same as billing address
				Ship to:		
				Attention:		
				Address:		
				Address 2:		
				City:		
				State:		Zip:
				Email (for notification		
				Shipping Meth	od	
				☐ Bus Ground	☐ Res Ground	d □ 2nd Day □ Overnight

ExoCustom™

Upper Extremity Measuring and Order Form



Measuring Instructions

- Have a non-toxic washable marker, tape measure, and pen available.
- Measure client after therapy or in the morning.
- Measure your client's arm with the arm relaxed and slightly bent (≈ 35°), and palm facing up.
- Measure lengths on the medial / inside of the arm, following bend of arm.



Distal Wrist Crease

CIRCUMFERENCE c



Distal Wrist Crease to Mid-Forearm



Distal Wrist Crease to Elbow Crease

Please measure in centimeters



Distal Wrist Crease to Mid-Biceps Follow bend of arm

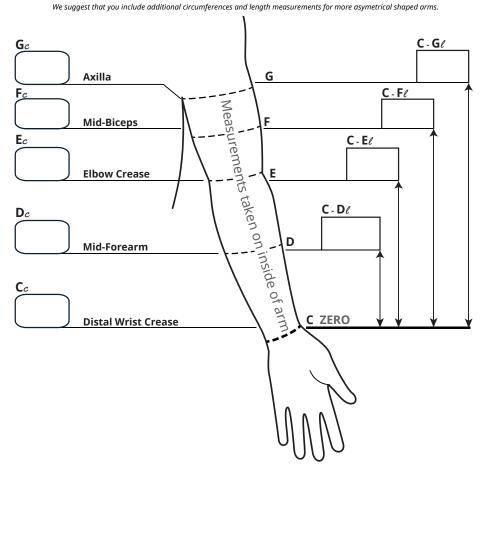


Distal Wrist Crease to Axilla Follow bend of arm

LENGTH ℓ

Ordering Information

Date:	PO:						
Customer / Accoun	t:						
Client / ID:							
Gender: 🗌 Femal	e						
Quantity & Item Code							
eC-UE-	L/R						
EC-UE- L/R							
Color: Beige L	/R □Black L/R						
Compression							
□ 18 - 21 _{mmHg} L	/ R □ 23 - 32 _{mmHg} L / R						
□ 34 - 46 _{mmHg} L	/ R						
Modifications							
Pocket - El	bow						
Silicone (sei	lect Width and Place options)						
Width: ☐ 3.5cm L /	'R □5cm L/R						
Place: □Inside I	/R □3/4 Inside L / R						
	_						
	R (note start / end location below)						
Label Placement							
Place: Inside L							
Priority Productio							
Priority Pro	oduction (additional fee)						
Comments							



Email forms to: info@bandagesplus.com

REV 08/16