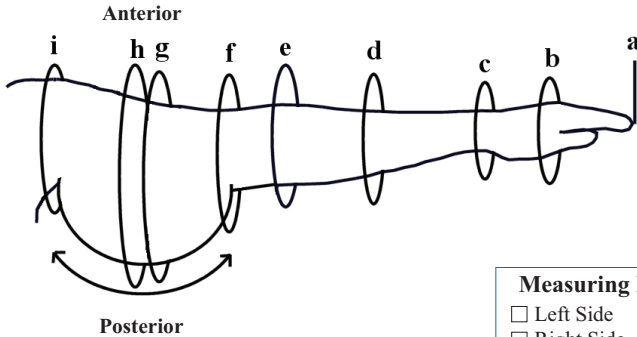




Toll-free fax: 866-808-7538
Asymmetrical Upper Extremity Supplemental Measuring Form

FDA Class 1. CFR 880.5160.

Photographs are REQUIRED for all asymmetrical orders



MEASURE WITH ARM HELD STRAIGHT OUT FROM BODY

Measuring For:

- Left Side
Right Side

Measuring In:

- Inches
Centimeters

- Include Precise Gauge
Include Carry Case

Custom Options:

- Axilla cut-out
Zipper
Classic Glove design
D-rings
Shoulder Extension (NEW)
Shoulder Extension (OLD)
Include Precise Gauge
Include Carry Case
Foam Density: Light
Foam Density: Medium
Foam Density: Heavy

Custom Colors - Classic Only:

Default color is Black

- Shell:
Accent:
Liner:

Special Requests:

Blank lines for special requests.

Fill In All Circumferences:

Table with columns: TOTAL, Anterior, Posterior. Rows for measurements i through b.

Fill In All Medial Lengths:

- a-i Fingertips to Axilla
c-i Wrist to Axilla
c-h Wrist to Widest Part of Protuberance
c-g Wrist to Bicep
c-f Wrist to Area Just Before Protuberance
c-e Wrist to Elbow
c-d Wrist to Forearm
c-a Wrist to Fingertips
Axilla to Protuberance
Length of Protuberance Contoured

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

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.

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.

Signature (purchaser)

Date