



Toll-free fax 866-808-7538

Upper Extremity OptiFlow® RM & OptiFlow® Pack Order and Measuring Form

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

Check all products and provide quantities for this order:

RM -Upper Extremity

Qty ____ 13 S-23 Qty ____ 16 S-23

Qty ____ 13 M-25 Qty ____ 16 M-25

Qty ____ 13 L-27 Qty ____ 16 L-27

OptiFlow Packs

Qty ____ Oval (Lg) Qty ____ T (Lg)

Qty ____ Oval (Sm) Qty ____ T (Sm)

Qty ____ Oval (1/2) Qty ____ Rectangle (Sm)

Qty ____ Round (Lg) Qty ____ U

Qty ____ Round (Sm)

Fill in all circumferences:

g ____ Axilla

e ____ Elbow

c ____ Wrist

Fill in length:

a-g ____ Fingertips to Axilla

Measuring in:

Inches

Centimeters

		Size					
		13S-23	13M-25	13L-27	16S-23	16M-25	16L-27
Length <small>(fingertips to axilla)</small>	in	22 – 23	24 – 25	26 – 27	22 – 23	24 – 25	26 – 27
	cm	55.5 – 58.5	61.0 – 63.5	66.0 – 68.5	55.5 – 58.5	61.0 – 63.5	66.0 – 68.5
Axilla <small>(circumference)</small>	in	10 – 13			>13 – 16		
	cm	25.5 – 33.0			>33.0 – 41.0		
Elbow <small>(circumference)</small>	in	8 – 11 ½			11 – 14 ¾		
	cm	20.0 – 29.0			28.0 – 37.5		
Wrist <small>(circumference)</small>	in	5 ½ – 7 ½			>7 ½ – 8 ½		
	cm	14.0 – 19.0			>19.0 – 21.5		

Please do initial fitting of all OptiFlow® RM products with the provided cotton stockinette. If the fit is not correct, immediately remove; garments are returnable for exchange only if cotton stockinette is utilized. Soiled or used garments are non-returnable, non-refundable.

Patient Information

Name or Order# _____

I authorize release of my name to Peninsula BioMedical, Inc. for identification purposes related to this garment.

Signature (patient) _____ Date _____

Bill To

PO Number _____

Name _____

Address _____

Phone _____

Ship To
(if different than billing info)

Name _____

Address _____

Phone _____

Method Of Shipping

Ground 3rd Day 2nd Day Overnight Other _____

(Default method is 3rd day or ground if on west coast)

If credit terms have been provided, I agree to pay the total amount on the invoice within the terms on file with Peninsula BioMedical, Inc. 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 _____