



D&J Compression

ExoCustom™ Measuring and Order Forms



Include this Order Information form with all ExoCustom orders

1. Order Information	
Date:	PO #:
<input type="checkbox"/> Original order <input type="checkbox"/> Reorder w/ changes <input type="checkbox"/> Exact reorder	
Fax / Email (for confirmation):	
Measured By (for order questions)	
Name:	
Facility:	
Phone / Email:	

2. Client Information	
Name / ID:	
Age:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male

Comments

3. Billing Information	
Account #:	
Bill to:	
Attention:	
Address:	
Address 2:	
City:	
State:	Zip:
Phone:	
Email:	
Credit Card Information (if applicable)	
#:	
Exp Date: /	SID:

4. Shipping Information <input type="checkbox"/> Same as billing address	
Ship to:	
Attention:	
Address:	
Address 2:	
City:	
State:	Zip:
Email (for notifications):	
Shipping Method	
<input type="checkbox"/> Bus Ground <input type="checkbox"/> Res Ground <input type="checkbox"/> 2nd Day <input type="checkbox"/> Overnight	

Include this Order Information form with all ExoCustom orders

ExoCustom™ Lower Extremity Measuring and Order Form



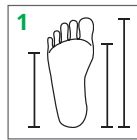
3880 W Wheelhouse Road
Milwaukee, WI 53208
Tel: (855) 892-4140

Measuring Instructions

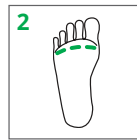
- Have a non-toxic washable marker, tape measure, and pen available.
- Measure client after therapy or in the morning.
- Measure with client standing and weight evenly distributed.
- Measure lengths straight, do not follow leg contours.

Ordering Information

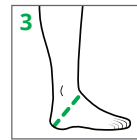
Date:	PO:
Customer / Account:	
Client / ID:	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Quantity & Item Code	
Qty	EC-LE- L / R
	EC-LE- L / R
Color: <input type="checkbox"/> Beige L / R <input type="checkbox"/> Black L / R	
Compression	
<input type="checkbox"/> 18 - 21mmHg L / R <input type="checkbox"/> 23 - 32mmHg L / R	
<input type="checkbox"/> 34 - 46mmHg L / R	
Distal Foot Options	
Toe: <input type="checkbox"/> Closed L / R <input type="checkbox"/> Open L / R	
Finish: <input type="checkbox"/> Slant L / R <input type="checkbox"/> Straight L / R	
Modifications	
Qty	Pocket (select Place)
Place: <input type="checkbox"/> Back Knee L / R <input type="checkbox"/> Instep L / R	
Silicone (select Width and Place)	
Width: <input type="checkbox"/> 3.5cm L / R <input type="checkbox"/> 5cm L / R	
Place: <input type="checkbox"/> Inside L / R <input type="checkbox"/> 3/4 Inside L / R	
<input type="checkbox"/> Top L / R	
Zipper L / R (note start / end location below)	
Label Placement on Garment	
Place: <input type="checkbox"/> Inside L / R <input type="checkbox"/> Outside L / R	
Priority Production	
Priority Production (additional fee)	
Comments	



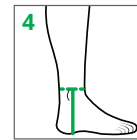
1
Foot Lengths



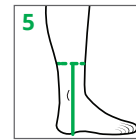
2
A_c
Circumference at MTP



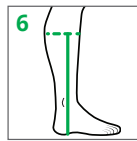
3
Y_c
Circumference at Instep / Heel



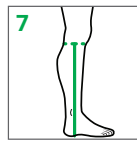
4
B
Floor to Narrowest Point of Ankle



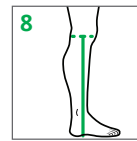
5
B¹
Floor to Narrowest Point of Calf Calf transition



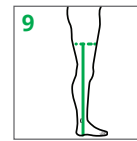
6
C
Floor to Widest Point of Calf



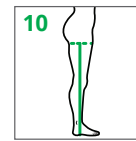
7
D
Floor to Base of Patella



8
E
Floor to Mid-Patella



9
F
Floor to Mid-Thigh

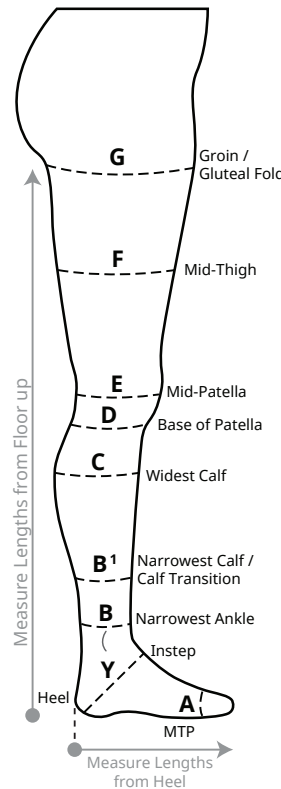


10
G
Floor to Gluteal Fold

LEFT LEG MEASUREMENTS

CIRC <i>c</i>	LENGTH <i>ℓ</i>
G_c <input type="text"/>	G_ℓ <input type="text"/>
F_c <input type="text"/>	F_ℓ <input type="text"/>
E_c <input type="text"/>	E_ℓ <input type="text"/>
D_c <input type="text"/>	D_ℓ <input type="text"/>
C_c <input type="text"/>	C_ℓ <input type="text"/>
B¹_c <input type="text"/>	B¹_ℓ <input type="text"/>
B_c <input type="text"/>	B_ℓ <input type="text"/>
Y_c <input type="text"/>	Y_ℓ <input type="text"/>
A_c <input type="text"/>	

Please measure in centimeters

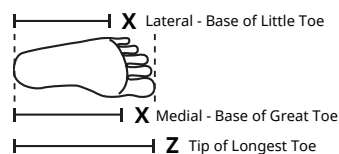


RIGHT LEG MEASUREMENTS

CIRC <i>c</i>	LENGTH <i>ℓ</i>
G_c <input type="text"/>	G_ℓ <input type="text"/>
F_c <input type="text"/>	F_ℓ <input type="text"/>
E_c <input type="text"/>	E_ℓ <input type="text"/>
D_c <input type="text"/>	D_ℓ <input type="text"/>
C_c <input type="text"/>	C_ℓ <input type="text"/>
B¹_c <input type="text"/>	B¹_ℓ <input type="text"/>
B_c <input type="text"/>	B_ℓ <input type="text"/>
Y_c <input type="text"/>	Y_ℓ <input type="text"/>
A_c <input type="text"/>	

FOOT LENGTH MEASUREMENTS

LEFT	
Lateral X_ℓ	<input type="text"/>
Base of Little Toe	
Medial X_ℓ	<input type="text"/>
Base of Great Toe	
Closed Toe Z_ℓ	<input type="text"/>
Tip of Longest Toe	



Foot tracings are always appreciated

RIGHT	
Lateral X_ℓ	<input type="text"/>
Base of Little Toe	
Medial X_ℓ	<input type="text"/>
Base of Great Toe	
Closed Toe Z_ℓ	<input type="text"/>
Tip of Longest Toe	

Email forms to: order@dandjcompression.com

Fax forms to: 1-866-225-0816

REV 08/16

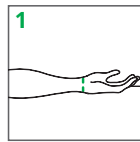
ExoCustom™ Upper Extremity Measuring and Order Form



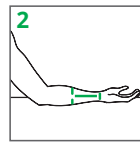
3880 W Wheelhouse Road
Milwaukee, WI 53208
Tel: (855) 892-4140

Measuring Instructions

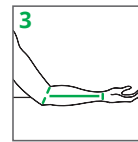
- Have a non-toxic washable marker, tape measure, and pen available.
- Measure client after therapy or in the morning.
- Measure your client's arm with the arm relaxed and slightly bent ($\approx 35^\circ$), and palm facing up.
- Measure lengths on the medial / inside of the arm, following bend of arm.



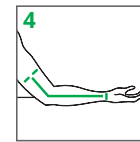
1
C Distal Wrist Crease



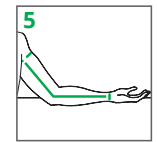
2
D Distal Wrist Crease to Mid-Forearm



3
E Distal Wrist Crease to Elbow Crease



4
F Distal Wrist Crease to Mid-Biceps
Follow bend of arm



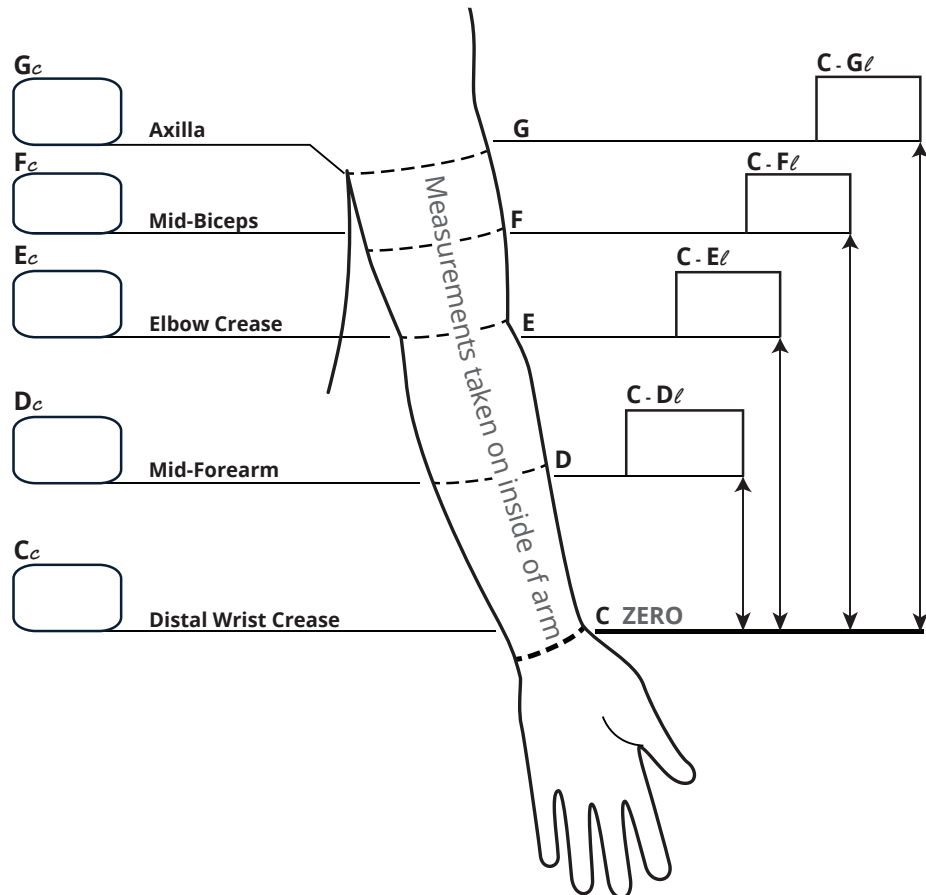
5
G Distal Wrist Crease to Axilla
Follow bend of arm

Ordering Information

Date:	PO:
Customer / Account:	
Client / ID:	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Quantity & Item Code	
Qty	EC-UE- L / R
	EC-UE- L / R
Color: <input type="checkbox"/> Beige L / R <input type="checkbox"/> Black L / R	
Compression	
<input type="checkbox"/> 18 - 21mmHg L / R <input type="checkbox"/> 23 - 32mmHg L / R	
<input type="checkbox"/> 34 - 46mmHg L / R	
Modifications	
Qty	Pocket - Elbow
	Silicone (select Width and Place options)
Width: <input type="checkbox"/> 3.5cm L / R <input type="checkbox"/> 5cm L / R	
Place: <input type="checkbox"/> Inside L / R <input type="checkbox"/> 3/4 Inside L / R	
<input type="checkbox"/> Top L / R	
Zipper L / R (note start / end location below)	
Label Placement on Garment	
Place: <input type="checkbox"/> Inside L / R <input type="checkbox"/> Outside L / R	
Priority Production	
Priority Production (additional fee)	
Comments	

CIRCUMFERENCE c Please measure in centimeters **LENGTH ℓ**

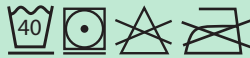
We suggest that you include additional circumferences and length measurements for more asymmetrical shaped arms.





D&J Compression

Care Instructions



Washing

- Machine wash with mild detergent in warm water
- Don't use bleach or fabric softeners

Drying

- Machine dry on permanent press
- Do not iron

Indications

- Various stages of lymphedema
- Edema

Contraindications

- Arterial insufficiency or degeneration / ABPI < 0.8
- Moderate to severe peripheral arterial disease
- Untreated congestive heart failure
- Untreated infection (i.e. cellulitis)
- Allergies or sensitivities to materials
- Absent or severe peripheral neuropathy (impaired sensation)
- Precautions
 - Severe cognitive impairment
 - Absent or severe peripheral neuropathy (impaired sensation)

Materials

Material content for all ExoCustom™ products: Nylon, Lycra®, Lyocell