



# ArmAssist™ Custom Measuring Form

PO#: \_\_\_\_\_ Company: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Bill-To Address: \_\_\_\_\_

Ship-To Address: \_\_\_\_\_

Patient: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Ht: \_\_\_\_\_ Wt: \_\_\_\_\_

Foam (check one):	<input type="checkbox"/> Regular	<input type="checkbox"/> Advanced (WaveFoam™)
Arm (check one):	<input type="checkbox"/> Right	<input type="checkbox"/> Left

● = Locations measured along **dorsal** aspect

