



Custom Upper Extremity Order and Measuring Form

Custom products have an estimated lead time of 10-14 business days

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

Check all products for this order:

- Classic ReidSleeve® w/ Gauge
- Classic ReidSleeve® w/o Gauge
- Carry Case
- Precise Gauge (stand alone)
- TheCinch®
- OptiFlow® EC
- Comfort Sleeve® ♦ w/ _____ PowerSleeve(s)
- Comfort Hand Piece** ♦ w/ _____ **PowerSleeve(s)**
- Comfort Plus® ♦ w/ _____ PowerSleeve(s)
- Extend to fingertips
- The Opera**® ♦ w/ _____ **PowerSleeve(s)**
- OptiFlow® SC ♦ w/ _____ PowerSleeve(s)
- The Jazz**® w/ _____ **PowerSleeve(s)**
- PowerSleeves® ♦ Quantity: _____
(stand alone)

♦ material colors are subject to change without notice

Custom Options - Universal:

- Shoulder Extension (NEW)
- Shoulder Extension (OLD)
- Foam Density: Light
- Foam Density: Medium
- Foam Density: Heavy

Custom Options - Classic Only:

- Axilla cut-out
- Classic Glove design
- Asymmetrical (Use Asymmetrical form)
- Zipper
- D-rings

Custom Colors - Classic only:

■ Default color is Black

- Shell: _____
- Accent: _____
- Liner: _____

Custom Colors - Jazz Only:

■ Default color is Black

- Liner: _____
- PowerSleeve: _____

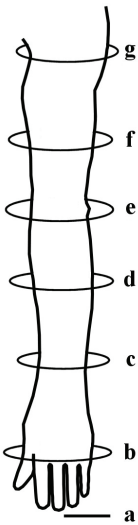
Special Requests:

Measuring For:

- Left Side
- Right Side

Measuring In:

- Inches
- Centimeters



Fill In All Circumferences:

- g _____ Axilla
- f _____ Bicep
- e _____ Elbow
- d _____ Forearm
- c _____ Wrist
- b _____ Palm

Fill In All Lengths:

- a-g _____ Fingertips to Axilla
- b-g _____ Knuckles to Axilla
- c-g _____ Wrist to Axilla
- c-f _____ Wrist to Bicep
- c-e _____ Wrist to Elbow
- c-d _____ Wrist to Forearm
- c-b _____ Wrist to Knuckles
- c-a _____ Wrist to Fingertips

Desired Length

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 _____

Date Need Shipment Delivered *

* Peninsula BioMedical reserves the right to change shipping method if deemed necessary to accommodate a specific delivery date. Expedited orders will incur a **10% fee**.

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. Should the garment need to be returned for alterations due to measurement errors, the fee for alterations are the responsibility of the undersigned.

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. 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 _____