



Peninsula BioMedical
INC.

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 (fingertips to axilla)	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 (circumference)	in	10 - 13			>13 - 16		
	cm	25.5 - 33.0			>33.0 - 41.0		
Elbow (circumference)	in	8 - 11 ½			11 - 14 ¾		
	cm	20.0 - 29.0			28.0 - 37.5		
Wrist (circumference)	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 _____