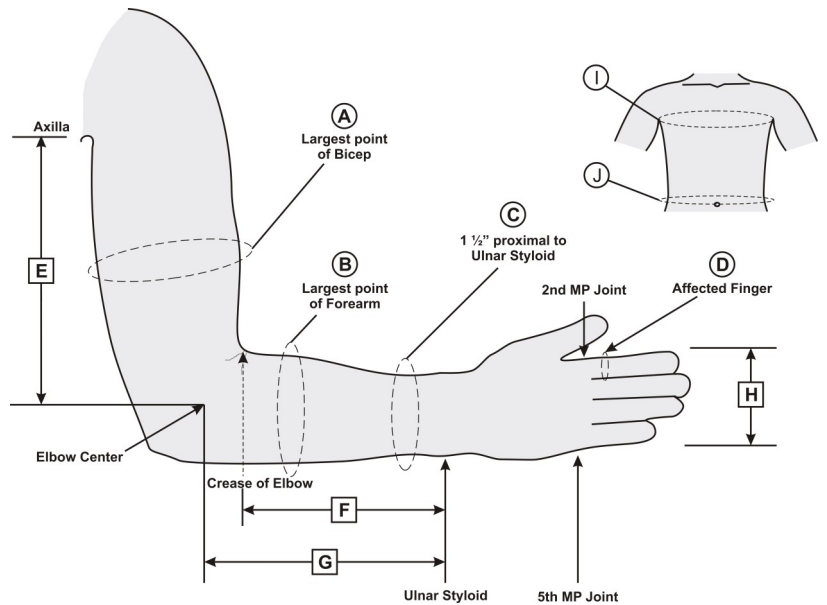


## UPPER EXTREMITY DEVICES Measurement / Order Form

- A Circ. largest point of bicep
- B Circ. Largest point of forearm
- C Circ. 4cm proximal to Ulnar Styloid
- D Circ. Affected Finger proximal Phalanx
- E Length: Axilla to Medial Epicondyle
- F Length: Crease of Elbow to Ulnar Styloid
- G Length: Lateral Epicondyle to Ulnar Styloid
- H Length: Width of Hand across MP Joints
- I Circ. Chest at Axilla
- J Circ. Waist at Belly Button



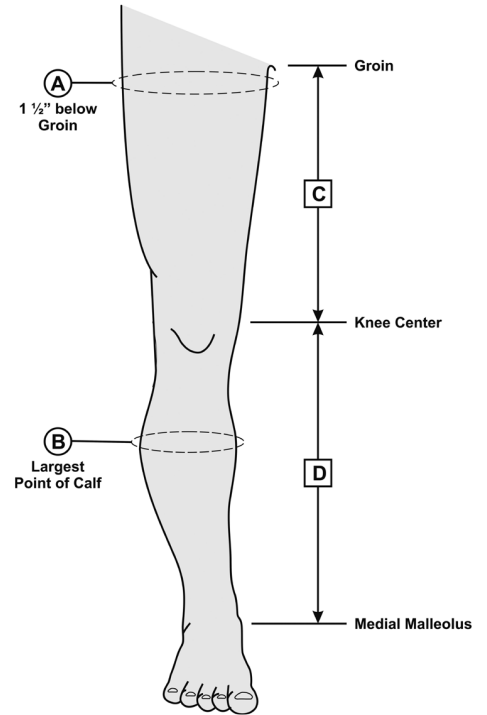
Please only fill in the required column:

Please insert your measurements in relevant boxes below in centimetres							
(cm)	Finger	Wrist	Elbow	Pro/Sup	Shoulder – Floor stand	Shoulder – Body Cuff	
A							
B							
C							
D							
E							
F							
G							
H							
I							
J							

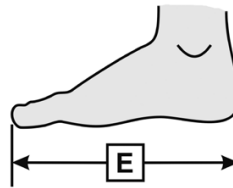
Specify Left or Right Side (tick)	
Left side	<input type="checkbox"/>
Right side	<input type="checkbox"/>

## LOWER EXTREMITY DEVICES Measurement / Order Form

- A Circ. 4cm below Groin
- B Circ. Largest point of Calf
- C Length: Groin to Knee Centre (not centre of knee cap)
- D Length: Knee Centre (not centre of knee cap) to Medial Malleolus
- E Length: Foot length



Customer Basic Details:	
Height:	
Weight:	
Age:	



Please only fill in the required column:

Specify Left or Right Side (tick)	
Left side	<input type="checkbox"/>
Right side	<input type="checkbox"/>

Please insert your measurements in relevant boxes below in centimetres				
(cm)	To improve Knee Extension	To improve Knee Flexion	Ankle	Toe
A				
B				
C				
D				
E				

