

PO/Estimate#: _____ Company: _____ Date: _____

Contact Name: _____ Phone: _____

Patient: _____ Sex: _____ Age: _____ Ht: _____ Wt: _____

Bill-To Name & Address: _____

Ship-To Name & Address: _____

MEASURING INSTRUCTION OPTIONS

CATALOG: Page 59 for ArmAssist™ custom Arm measuring instructions.

WEB: Scan QR code OR visit BiaCare.com



EMAIL: Sales@BiaCare.com

I have watched the online instruction video for the ArmAssist™ custom garment.

I have read and understand the written measuring instructions for the ArmAssist™ custom garment.

Photos have been emailed to: Sales@BiaCare.com

Orders will not be accepted without all three boxes being checked. Your assistance in this will help the patient receive a better product in less time.

PRODUCT OPTIONS

ARM: Left Right

FOAM: Regular (flat foam) Advanced (WaveFoam™)

● = Locations measured along **dorsal** aspect

