

Patient Name	Order No.	Repeat Garment No.
Date Measured	Clinic / Hospital	
Measured by	Telephone	E-mail

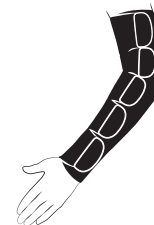
easywrap
CUSTOM

Supplied by **MEDIS**

1 QUANTITY



HAND	Right	Left
Light		



ARM	Right	Left
Light		

2 LENGTH MEASUREMENTS

RIGHT **LEFT**

Take measurements at back of arm

Take length measurements following the contour of the limb

3 CIRCUMFERENCE MEASUREMENTS

RIGHT **LEFT**

MEASUREMENT POINTS

g Axilla	d Widest forearm
f Mid upper arm	1 Base of thumb (widest point)
e Elbow crease	b Palm at fold of thumb
c Wrist crease	a Palm at base of fingers

4 CHOOSE COLOUR

SAND	
BLACK	

5 COMMENTS / REQUESTS