

Include this Order Information form with all ExoCustom orders

1. Order Informat		3. Billir	3. Billing Information					
Date:		PO #:		Account	#:			
☐ Original order ☐ R	☐ Exact reorder	Bill to:	Bill to:					
Fax / Email (for confirmation)		Attention	Attention:					
Measured By (for ord		Address:	Address:					
Name:		Address	Address 2:					
Facility:		City:	City:					
Phone / Email:				State:			Zip:	
				Phone:				
2. Client Informat		Email:	Email:					
Name / ID:				Credit C	Credit Card Information (if applicable)			
Age:	Gender	r: □ Female	□ Male	#:	#:			
				Exp Date	:	/	SID:	
Comments								
				4. Ship	ping	Information	☐ Same as billing address	
				Ship to:				
				Attention	:			
				Address:				
				Address	2:			
				City:				
				State:			Zip:	
				Email (for	notificati	ons):		
				Shippin	y Met	hod		
				☐ Bus G	round	☐ Res Groun	d □ 2nd Day □ Overnight	

ExoCustom™

Upper Extremity Measuring and Order Form



Measuring Instructions

- Have a non-toxic washable marker, tape measure, and pen available.
- Measure client after therapy or in the morning.
- Measure your client's arm with the arm relaxed and slightly bent (≈ 35°), and palm facing up.
- Measure lengths on the medial / inside of the arm, following bend of arm.



Distal Wrist Crease

CIRCUMFERENCE c



Distal Wrist Crease to Mid-Forearm



Distal Wrist Crease to Elbow Crease

Please measure in centimeters



Distal Wrist Crease to Mid-Biceps

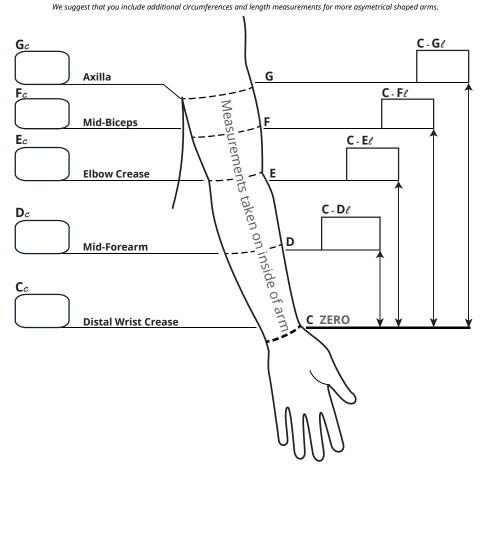


Distal Wrist Crease to Axilla Follow bend of arm

LENGTH ℓ

Ordering Information

Date:	PO:							
Customer / Account:								
Client / ID:								
Gender: 🗌 Femal	e 🗌 Male							
Quantity & Item Code								
Pty EC-UE-	L/R							
EC-UE- L/F								
Color: Beige L	/R □Black L/R							
Compression								
□ 18 - 21mmHg L / R □ 23 - 32mmHg L / R								
□ 34 - 46mmHg L / R								
Modifications								
Pocket - Elbow								
Silicone (select Width and Place options)								
Width: ☐ 3.5cm L/R ☐ 5cm L/R								
Place: ☐ Inside L / R ☐ 3/4 Inside L / R								
□Top L/R								
Zipper L / R (note start / end location below)								
Label Placement on Garment								
Place: ☐ Inside L / R ☐ Outside L / R								
Priority Production								
Priority Production (additional fee)								
Comments								



Email forms to: customerservice@us.LRmed.com

Fax forms to: (414) 892-4150