

UPPER EXTREMITY MEASUREMENT CHART

Bio-Concepts Custom Pressure Garments are available only under Physician's Order

Patient **Last Name** _____ **First Name** _____
 Date _____

Garment color _____
 Insert _____
 Lining _____

Left hand zipper: Dorsal Palmar Ulnar Radial
 With hook & loop zipper stop tab
 Length (if not full) _____

Right hand zipper: Dorsal Palmar Ulnar Radial
 With hook & loop zipper stop tab
 Length (if not full) _____

Expansion panel: Left Right
 (Expansion panels are full length by default; ulnar when sleeve separate from torso, palmar when attached to a torso garment)

Refer to the Bio-Concepts Measuring Manual for detailed procedures, additional instructions, and example measuring charts.

Additional instructions or comments:

Bio Concepts
 compression garments

2424 East University
 VOICE: 800-421-5647 /
 e-mail: bio-con@bio-c

SUMMED Medical Solutions

36 W. Route 70, Ste 214, Marlton NJ 08053
 P: 800-714-7434 F: 800-715-5422

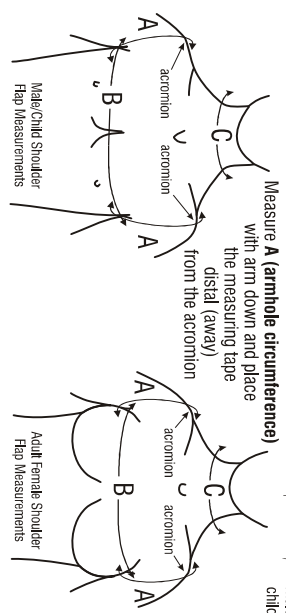
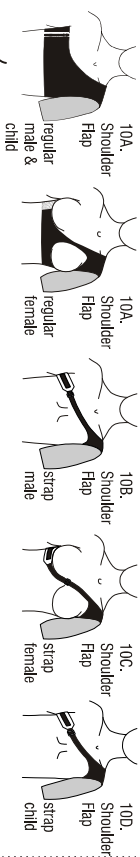
A. 85034-6911
 24 / 602-273-6931
 www.bio-con.com

CIRCLE ITEMS ORDERED

Bio-Concepts Use Only: F = _____



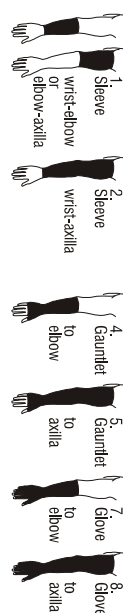
Shoulder Flaps



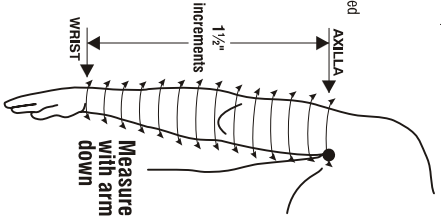
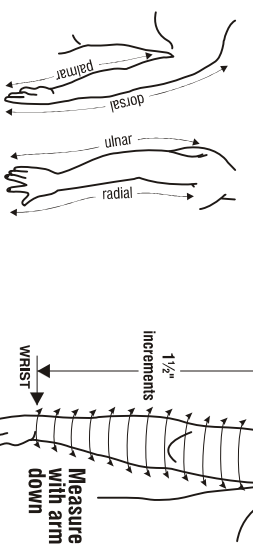
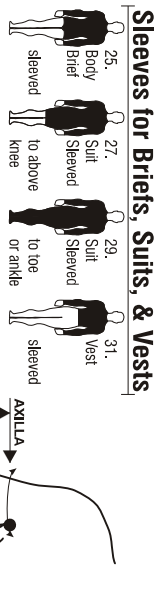
	LEFT	RIGHT
A		
B		
C		

Shoulder flaps may be attached to any sleeve that reaches the axilla (No. 1, No. 2, No. 5, No. 8). Select flap style above, sleeve style to lower left. Enter shoulder flap measurements at left and sleeve measurements below.

Sleeves



Sleeves for Gloves & Gauntlets



Stump Measurement

STUMP	LEFT	RIGHT
b		
c		

Stump cover style: Orange peel Insert

FROM WRIST or AXILLA	LEFT ARM	RIGHT ARM
0		
1 1/2		
3		
4 1/2		
6		
7 1/2		
9		
10 1/2		
12		
13 1/2		
15		
16 1/2		
18		
19 1/2		
21		

PLEASE DO NOT WRITE IN MARGINS

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