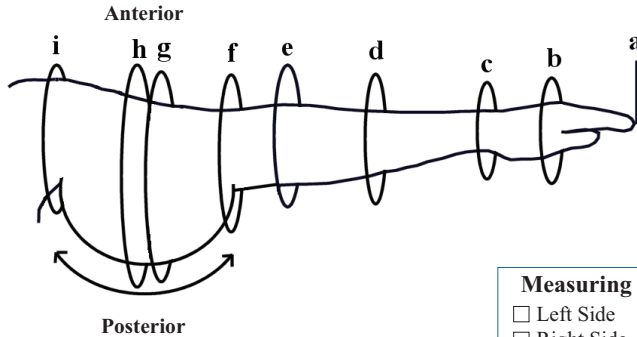


Asymmetrical Upper Extremity Supplemental Measuring Form

FDA Class 1. CFR 880.5160.

Photographs are **REQUIRED** for all asymmetrical orders



MEASURE WITH ARM HELD STRAIGHT OUT FROM BODY

- Include Precise Gauge
 Include Carry Case

Custom Options:

- Axilla cut-out Foam Density: Light
 Zipper Foam Density: Medium
 Classic Glove design Foam Density: Heavy
 D-rings
 Shoulder Extension (NEW)
 Shoulder Extension (OLD)
 Include Precise Gauge
 Include Carry Case

Measuring For:

- Left Side
 Right Side

Measuring In:

- Inches
 Centimeters

Custom Colors - Classic Only:

■ Default color is Black

- Shell: _____
 Accent: _____
 ■ Liner: _____

Special Requests:

Fill In All Circumferences:

	TOTAL	Anterior	Posterior
(Axilla) i	_____	_____	_____
(Widest part of Protuberance) h	_____	_____	_____
(Bicep) g	_____	_____	_____
(Area just before Protuberance) f	_____	_____	_____
(Elbow) e	_____	_____	_____
(Forearm) d	_____	_____	_____
(Wrist) c	_____	_____	_____
(Palm) b	_____	_____	_____

Fill In All Medial Lengths:

- a-i _____ Fingertips to Axilla
 c-i _____ Wrist to Axilla
 c-h _____ Wrist to Widest Part of Protuberance
 c-g _____ Wrist to Bicep
 c-f _____ Wrist to Area Just Before Protuberance
 c-e _____ Wrist to Elbow
 c-d _____ Wrist to Forearm
 c-a _____ Wrist to Fingertips
 _____ Axilla to Protuberance
 _____ Length of Protuberance Contoured

Patient Information

Name or Order# _____ Height _____ Weight _____
 I authorize release of my name to Peninsula BioMedical Inc. for identification purposes related to manufacturing of my custom garment.
 Signature (patient) _____ Date _____

For Peninsula BioMedical Use Only

Finished goods inspected for quality compliance to above specifications:
 By _____ Date _____

Bill To

PO Number _____
 Name _____
 Address: _____

 Phone: _____

Ship To

(if different than billing info)

Name _____
 Address: _____

 Phone: _____

Method of Shipping

(default method is 3-Day or Ground if destination is on the West Coast)

- Ground 3-Day 2-Day Overnight Other _____

I understand that this is a custom made garment and the garment will be made to the measurements specified above. Peninsula BioMedical, Inc. is not responsible for measuring errors. Should the garment need to be returned for alterations due to measurement errors, the fee for alterations are the responsibility of the undersigned.

Signature (guarantor of measurements) _____ Date _____

If credit terms have been provided, I agree to pay the total amount on the invoice within the terms on file with Peninsula BioMedical. All invoices are **due and payable within 30 days or per terms of written agreement** of the date listed on the invoice. Any invoice over 30 days or the written terms on file is considered delinquent and a **1.5% late fee** will be **assessed monthly**. Should any invoice become delinquent I understand the account may be placed on a C.O.D. basis, a prepay basis or the account may be suspended.

Signature (purchaser) _____ Date _____