



36 W. Route 70, Ste 214, Marlton NJ 08053
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Custom Lower Extremity Order and Measuring Form

Custom products have an estimated lead time of 10-14 business days

The ReidSleeve® Products are available for the upper and lower extremities. FDA Class 1. CFR 880.5160.

Check all products for this order:

- Classic ReidSleeve® w/ Gauge
- Classic ReidSleeve® w/o Gauge
- Carry Case (single)
- Carry Case (bilateral)
- Precise Gauge (stand alone)
- TheCinch®
- OptiFlow® EC

- Comfort Sleeve® ♦ w/ _____ PowerSleeve(s)
- OptiFlow® SC ♦ w/ _____ PowerSleeve(s)
- The Jazz® ♦ w/ _____ PowerSleeve(s)
- PowerSleeves® ♦ Quantity: _____
(stand alone)

♦ material colors are subject to change without notice

Custom Options - Universal:

- Hip/Knee Extension (NEW)
- Hip/Knee Extension (OLD)
- Foam Density: Light
- Foam Density: Medium
- Foam Density: Heavy

Custom Options - Classic Only:

- Groin cut-out
- Zipper (1/2 leg only)
- Asymmetrical (Use Asymmetrical/Lipoma form)
- Lipoma (Use Asymmetrical/Lipoma form)
- D-rings

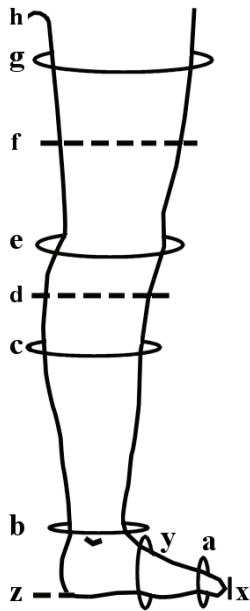
Custom Colors - Classic Only:

- Default color is Black
- Shell: _____
- Accent: _____
- Liner: _____

Custom Colors - Jazz Only:

- Default color is Black
- Liner: _____
- PowerSleeve: _____

Special Requests:



Measuring For:

- Left Side Full Leg
- Right Side 3/4 Leg
- 1/2 Leg

Measuring In:

- Inches Centimeters

Fill In All Circumferences:

- g _____ Thigh
- f _____ Mid-Thigh
- e _____ Knee
- d _____ Below Knee
- c _____ Calf
- b _____ Ankle
- y _____ Instep
- a _____ Toe

Fill In All Medial Lengths:

- z-h _____ Heel to Groin (Full Leg)
- z-f _____ Heel to Mid-Thigh (3/4 Leg)
- z-e _____ Heel to Knee
- z-d _____ Heel to Below Knee (1/2 Leg)
- z-c _____ Heel to Calf
- z-b _____ Heel to Ankle
- z-x _____ Foot Length

Desired Length

- b-h _____ Ankle to Groin (Full Leg)
- b-f _____ Ankle to Mid-Thigh (3/4 Leg)
- b-d _____ Ankle to Below Knee (1/2 Leg)
- b-c _____ Ankle to Calf

Patient Information

Name or Order# _____ Height _____ Weight _____
I authorize release of my name to Peninsula BioMedical 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 _____

Date Need Shipment Delivered *

* Peninsula BioMedical reserves the right to change shipping method if deemed necessary to accommodate a specific delivery date. Expedited orders will incur a 10% fee.

I understand that this is a custom made garment and the garment will be made to the measurements specified above. Peninsula BioMedical 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 _____