



## Upper Extremity OptiFlow® RM & OptiFlow® Pack Order and Measuring Form

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

**Check all products and provide quantities for this order:**

**RM -Upper Extremity**

Qty \_\_\_\_ 13 S-23                       Qty \_\_\_\_ 16 S-23  
 Qty \_\_\_\_ 13 M-25                       Qty \_\_\_\_ 16 M-25  
 Qty \_\_\_\_ 13 L-27                       Qty \_\_\_\_ 16 L-27

**OptiFlow Packs**

Qty \_\_\_\_ Oval (Lg)                       Qty \_\_\_\_ T (Lg)  
 Qty \_\_\_\_ Oval (Sm)                       Qty \_\_\_\_ T (Sm)  
 Qty \_\_\_\_ Oval (1/2)                       Qty \_\_\_\_ Rectangle (Sm)  
 Qty \_\_\_\_ Round (Lg)                       Qty \_\_\_\_ U  
 Qty \_\_\_\_ Round (Sm)

**Fill in all circumferences:**

g \_\_\_\_ Axilla

f \_\_\_\_ Elbow

e \_\_\_\_ Wrist

**Fill in length:**

a-g \_\_\_\_ Fingertips to Axilla

**Measuring in:**

Inches

Centimeters

		Size					
		13S-23	13M-25	13L-27	16S-23	16M-25	16L-27
<b>Length</b> <small>(fingertips to axilla)</small>	in	22 – 23	24 – 25	26 – 27	22 – 23	24 – 25	26 – 27
	cm	55.5 – 58.5	61.0 – 63.5	66.0 – 68.5	55.5 – 58.5	61.0 – 63.5	66.0 – 68.5
<b>Axilla</b> <small>(circumference)</small>	in	10 – 13			>13 – 16		
	cm	25.5 – 33.0			>33.0 – 41.0		
<b>Elbow</b> <small>(circumference)</small>	in	8 – 11 ½			11 – 14 ¾		
	cm	20.0 – 29.0			28.0 – 37.5		
<b>Wrist</b> <small>(circumference)</small>	in	5 ½ – 7 ½			>7 ½ – 8 ½		
	cm	14.0 – 19.0			>19.0 – 21.5		

**Please do initial fitting of all OptiFlow® RM products with the provided cotton stockinette. If the fit is not correct, immediately remove; garments are returnable for exchange only if cotton stockinette is utilized. Soiled or used garments are non-returnable, non-refundable.**

**Patient Information**

Name or Order# \_\_\_\_\_

I authorize release of my name to Peninsula BioMedical, Inc. for identification purposes related to this garment.

Signature (patient) \_\_\_\_\_ Date \_\_\_\_\_

**Bill To**

PO Number \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

**Ship To**  
(if different than billing info)

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

**Method Of Shipping**

Ground   
  3<sup>rd</sup> Day   
  2<sup>nd</sup> Day   
  Overnight   
  Other \_\_\_\_\_

(Default method is 3rd day or ground if on west coast)

If credit terms have been provided, I agree to pay the total amount on the invoice within the terms on file with Peninsula BioMedical, Inc. 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 \_\_\_\_\_