



MOBIDERM
MADE-TO-MEASURE
**UPPER EXTREMITY
SLEEVE**

Questions? Call 888-385-1580.

Fax or Email this form to 443-455-1402 or Orders@comfortcaremd.com

Patient Name: _____

Gender: M F _____

Patient's height: _____

ORDER (by default) QUOTATION REORDER

Patient Name: _____

Therapist Name: _____

Clinic Name _____ Ships To: Therapist Patient

Shipping address _____

City: _____ State: _____ Zip Code: _____

Therapist Email: _____

Therapist Phone: _____

RIGHT ARM LEFT ARM
Fill out one form for each side

**If possible, please enclose photos of the limb to be fitted.
Please draw in the contours of the garment on the
diagram and cross out unnecessary measures.**

Models

- Arm Sleeve (big blocks only)
- Arm Sleeve with mitten with thumb
(big blocks on the arm and small blocks on the hand)
- Arm Sleeve with mitten without thumb
(big blocks on the arm and small blocks on the hand)

Sleeve options

- Anti-slip with silicone dots 3cm
- Velcro opening

Please draw desired location on the diagram and indicate desired length in the special instructions area below.

Special Instructions

Please draw the desired rise at the shoulder on the diagram and indicate the length from the top of cG to the shoulder (maximum 4cm).

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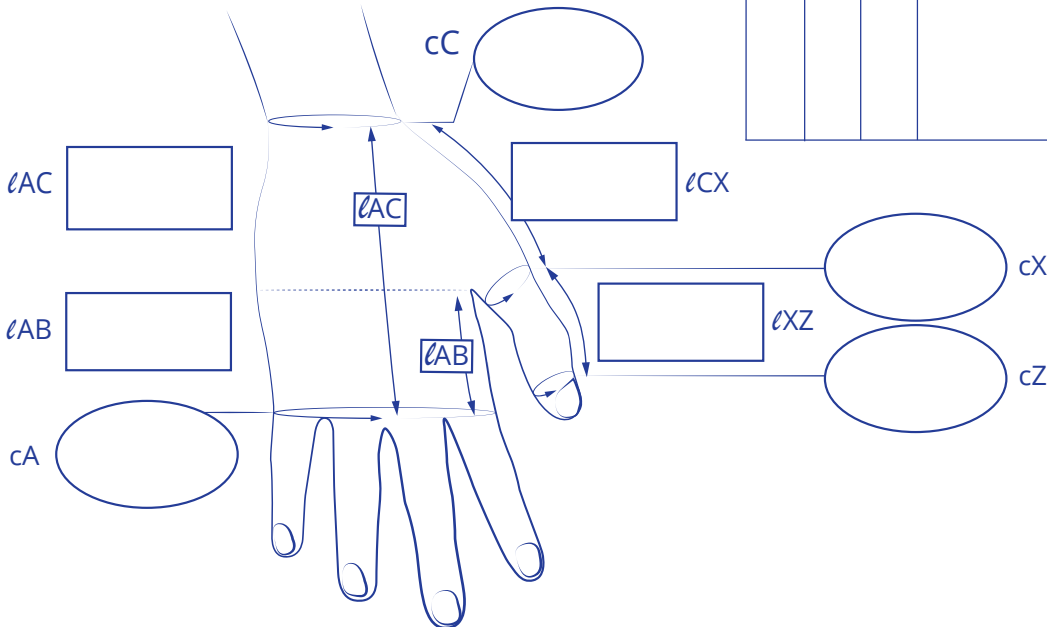
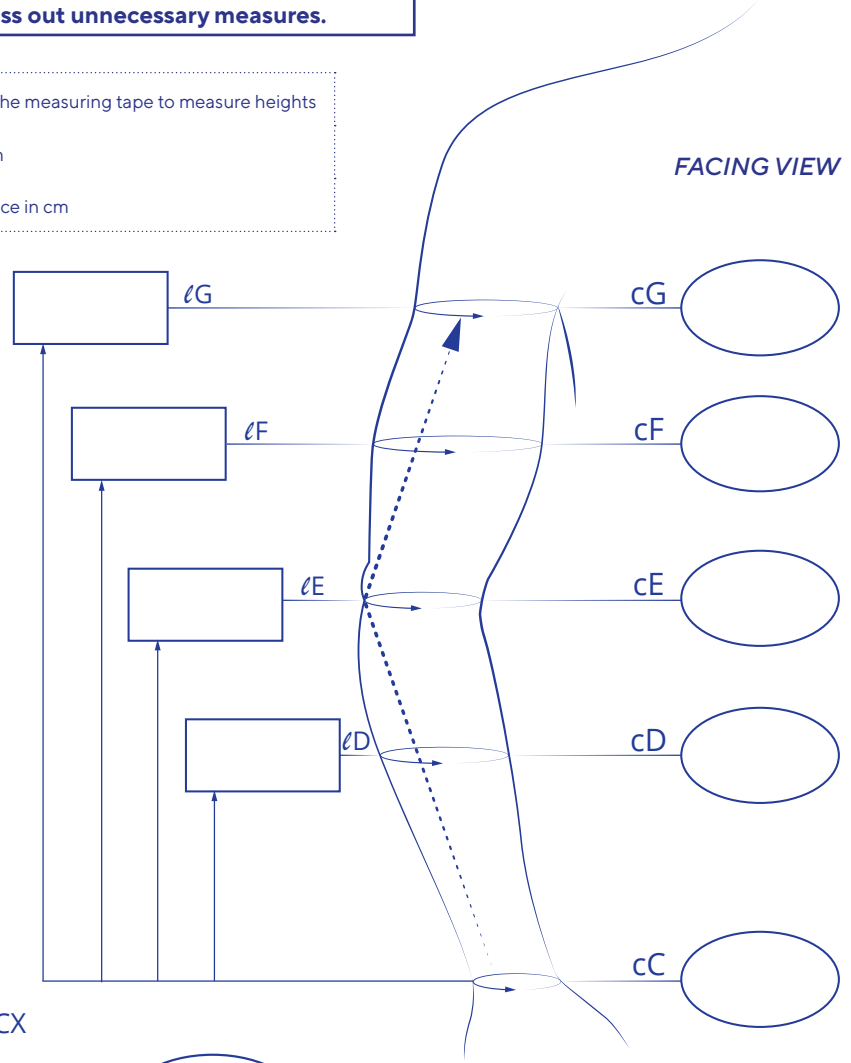
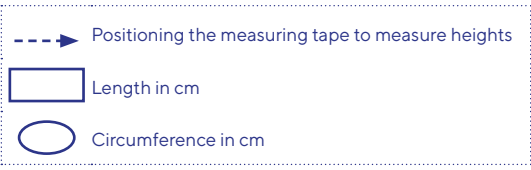
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INTERNAL USE ONLY
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