



Custom Upper Extremity Measuring & Order Form

Questions? Call 888-385-1580

Fax or email this form to:

(F) 443-455-1402

(E) Orders@comfortcaremd.com



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:

- | | |
|--|---|
| <input type="checkbox"/> Classic ReidSleeve® w/ Gauge | <input type="checkbox"/> Comfort Sleeve® ♦ w/ _____ PowerSleeve(s) |
| <input type="checkbox"/> Classic ReidSleeve® w/o Gauge | <input type="checkbox"/> Comfort Hand Piece ♦ w/ _____ PowerSleeve(s) |
| <input type="checkbox"/> Carry Case | <input type="checkbox"/> Comfort Plus® ♦ w/ _____ PowerSleeve(s) |
| <input type="checkbox"/> Precise Gauge (stand alone) | <input type="checkbox"/> Extend to fingertips |
| <input type="checkbox"/> TheCinch® | <input type="checkbox"/> The Opera ® ♦ w/ _____ PowerSleeve(s) |
| <input type="checkbox"/> OptiFlow® EC | <input type="checkbox"/> OptiFlow® SC ♦ w/ _____ PowerSleeve(s) |
| | <input type="checkbox"/> The Jazz ® w/ _____ PowerSleeve(s) |
| | <input type="checkbox"/> PowerSleeves® ♦ Quantity: _____
(stand alone) |

♦ material colors are subject to change without notice

Custom Options - Universal:

- Shoulder Extension (NEW)
- Shoulder Extension (OLD)
- Foam Density: Light
- Foam Density: Medium
- Foam Density: Heavy

Custom Options - Classic Only:

- Axilla cut-out
- Classic Glove design
- Asymmetrical (Use Asymmetrical form)
- Zipper
- D-rings

Custom Colors - Classic only:

■ Default color is Black

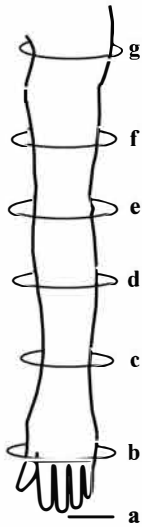
- Shell: _____
- Accent: _____
- Liner: _____

Custom Colors - Jazz Only:

■ Default color is Black

- Liner: _____
- PowerSleeve: _____

Special Requests:



Measuring For:

- Left Side
- Right Side

Measuring In:

- Inches
- Centimeters

Fill In All Circumferences:

- g _____ Axilla
- f _____ Bicep
- e _____ Elbow
- d _____ Forearm
- c _____ Wrist
- b _____ Palm

Fill In All Lengths:

- Desired Length
- a-g _____ Fingertips to Axilla
 - b-g _____ Knuckles to Axilla
 - c-g _____ Wrist to Axilla
 - c-f _____ Wrist to Bicep
 - c-e _____ Wrist to Elbow
 - c-d _____ Wrist to Forearm
 - c-b _____ Wrist to Knuckles
 - c-a _____ Wrist to Fingertips

Patient Information

Patient Name _____ Height _____ Weight _____

For Peninsula BioMedical Use Only

Finished goods inspected for quality compliance to above specifications:

By _____ Date _____



Peninsula Medical

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.

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