

**ExoCustom™**  
**Order Information Form**



**Include this Order Information form with all ExoCustom orders**

1. Order Information	
Date:	PO #:
<input type="checkbox"/> Original order <input type="checkbox"/> Reorder w/ changes <input type="checkbox"/> Exact reorder	
Fax / Email (for confirmation):	
Measured By (for order questions)	
Name:	
Facility:	
Phone / Email:	

2. Client Information	
Name / ID:	
Age:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male

**Comments**

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3. Billing Information	
Account #:	
Bill to:	
Attention:	
Address:	
Address 2:	
City:	
Prov:	PC:
Phone:	
Email:	
Credit Card Information (if applicable)	
#:	
Exp Date:    /	SID:

4. Shipping Information <input type="checkbox"/> Same as billing address	
Ship to:	
Attention:	
Address:	
Address 2:	
City:	
Prov:	PC:
Email (for notifications):	
Shipping Method	
<input type="checkbox"/> Bus Ground <input type="checkbox"/> Res Ground <input type="checkbox"/> 2nd Day <input type="checkbox"/> Overnight	

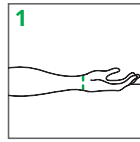
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# ExoCustom™ Upper Extremity Measuring and Order Form

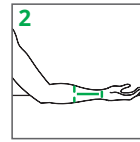


## Measuring Instructions

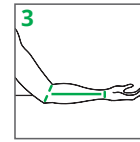
- Have a non-toxic washable marker, tape measure, and pen available.
- Measure client after therapy or in the morning.
- Measure your client's arm with the arm relaxed and slightly bent ( $\approx 35^\circ$ ), and palm facing up.
- Measure lengths on the medial / inside of the arm, following bend of arm.



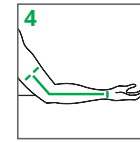
**1**  
**C** Distal Wrist Crease



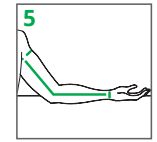
**2**  
**D** Distal Wrist Crease to Mid-Forearm



**3**  
**E** Distal Wrist Crease to Elbow Crease



**4**  
**F** Distal Wrist Crease to Mid-Biceps  
*Follow bend of arm*



**5**  
**G** Distal Wrist Crease to Axilla  
*Follow bend of arm*

## Ordering Information

Date:	PO:
Customer / Account:	
Client / ID:	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	
<b>Quantity &amp; Item Code</b>	
Qty	EC-UE- L / R
	EC-UE- L / R
Color: <input type="checkbox"/> Beige L / R <input type="checkbox"/> Black L / R	
<b>Compression</b>	
<input type="checkbox"/> 18 - 21mmHg L / R <input type="checkbox"/> 23 - 32mmHg L / R	
<input type="checkbox"/> 34 - 46mmHg L / R	
<b>Modifications</b>	
Qty	Pocket - Elbow
	Silicone (select Width and Place options)
Width: <input type="checkbox"/> 3.5cm L / R <input type="checkbox"/> 5cm L / R	
Place: <input type="checkbox"/> Inside L / R <input type="checkbox"/> 3/4 Inside L / R	
<input type="checkbox"/> Top L / R	
Zipper L / R (note start / end location below)	
<b>Label Placement on Garment</b>	
Place: <input type="checkbox"/> Inside L / R <input type="checkbox"/> Outside L / R	
<b>Priority Production</b>	
Priority Production (additional fee)	
<b>Comments</b>	

### CIRCUMFERENCE $c$

Please measure in centimeters

### LENGTH $\ell$

We suggest that you include additional circumferences and length measurements for more asymmetrical shaped arms.

