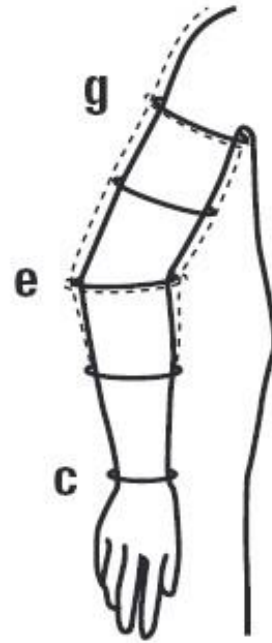


Upper Extremity Measuring Guide

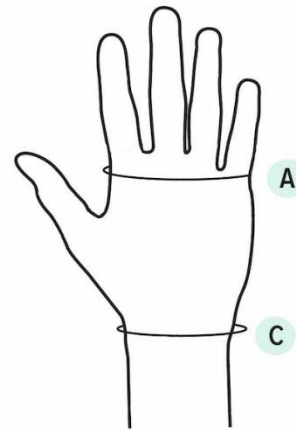
Patient Name: _____ DOB: _____ Date: _____

Measured by: _____

MEASUREMENTS	
ARMSLEEVE	LEFT or RIGHT
Wrist (C)	
Elbow (E)	
Upper Arm (G)	
Length (C-G)	



MEASUREMENTS	
GLOVE/GAUNTLET	LEFT or RIGHT
Wrist (C)	
Palm (A)	



Brand: _____

Style: _____

Color: _____