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MEASUREMENT FORM (1/2) DATE **Patient Information** AFFECTED LIMB PATIENT NAME (CIRCLE ONE) PATIENT DATE OF BIRTH LEFT | RIGHT | BOTH **Person Performing Measurements AXILLA** NAME TITLE FACILITY / LOCATION Shipping NAME (B)**ELBOW** COMPANY CREASE STREET ADDRESS CITY (A)STATE / PROVINCE ZIP / POSTAL CODE **PHONE EMAIL** (FOR SHIPPING CONFIRMATION) WRIST **CREASE General Measurements** (c)Referring to the diagram provided at right, complete the corresponding fields below. All measurements should be taken in centimeters (cm) to the nearest half unit. **KNUCKLES MEASUREMENT** DISTANCE FROM WRIST TO ELBOW: cm **MEASUREMENT** DISTANCE FROM WRIST TO AXILLA: cm DISTANCE FROM WRIST TO KNUCKLES: **MEASUREMENT MEASUREMENT** CIRCUMFERENCE OF KNUCKLES: cm

Arm Garment	Arm Measurement B (wrist to axilla)	Arm Small F-0010-01	Less than 44cm	Max circumference at Axilla 52cm
		Arm Med F-0010-02	Between 44cm & 48cm	
		Arm Long F-0010-03	Greater than 48cm	

Proceed to Page 2.



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MEASUREMENT FORM (2/2)

Circumference Measurements

The size of the garment depends on the length of the patient's arm (B), measured previously on page one. Mark and complete the corresponding section below.

