

*New Options Sports*  
**CUSTOM WRIST MEASURING GUIDE**

Name _____	Date _____
Account _____	Time _____
Phone _____	Shipping Method _____
Fax _____	Reference _____
Purchase Order _____	Patient Name _____
Bill to _____	Ship to _____
_____	_____
_____	_____
_____	_____

◆Measurements should be taken directly on skin, not over clothing.

ITEM NUMBER \_\_\_\_\_  LEFT  RIGHT  
 Measurement taken in:  INCHES  CENTIMETERS

◆◆◆To ensure a proper fit, this form must be **COMPLETELY** filled out

**Adult or Pediatric**

4" Superior	_____
3" Superior	_____
2" Superior	_____
1" Superior	_____
Mid Joint	_____
1" Inferior	_____
2" Inferior	_____
3" Inferior	_____
4" Inferior	_____

**Please sign to verify measurements are correct - CUSTOMS ARE NON-RETURNABLE**

Notes: \_\_\_\_\_  
 \_\_\_\_\_

**Adult Size Chart**

Size	Wrist Circumference
X-Small	4" - 5"
Small	5" - 6"
Medium	6" - 7"
Large	7" - 8"
X-Large	9" - 10"
XX-Large	10" - 11"
XXX-Large	11" - 12"
Custom	Please Provide Measurements

**Pedi Size Chart**

Size	Wrist Circumference
XXX-Small	2" - 3"
XX-Small	3" - 4"
X-Small	4" - 5"
Custom	Please Provide Measurements

Please fax to 214-638-6425 or 800-455-5488  
 If you have any questions, please call 800-872-5488 or 214-638-6422