



FarrowWrap® Upper Extremity

Ready-To-Wear • Custom • Trim-to-Fit

Patient Name / BSN File # _____ DOB _____ Date _____

Address _____ Gender M F

City/State/Zip _____

Diagnosis _____

Doctor / Address _____

City/State/Zip _____

PO#	
Original Order <input type="checkbox"/>	Reorder w Changes <input type="checkbox"/>
Exact Reorder <input type="checkbox"/>	_____

Ready-To-Wear Arm

Fabric

LITE

Color

Beige (00)

Black (01)

Length

Short (S)

Regular (R)

Long (L)

Size

Small (2)

Medium (3)

Large (4)

Side

Left (L)

Right (R)

Custom

Style

Custom

Fabric

Classic

LITE

STRONG

Color

Tan

Side

Left (L)

Right (R)

Trim-To-Fit

Size

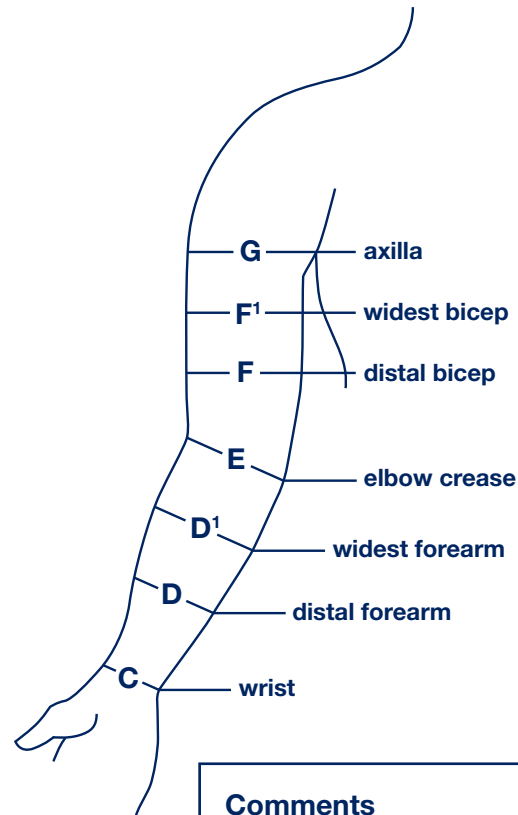
Medium (3)

Extra Large (5)

Side

Left (L)

Right (R)



Circumference (c)	Left	Right
cG (axilla)*		
cF ¹ (widest bicep)		
cF (distal bicep)		
cE (elbow crease)*		
cD ¹ (widest forearm)		
cD (distal forearm)		
cC (wrist)*		

Lengths	Left	Right
IC-G (wrist to axilla)*		
IC-E (wrist to elbow)		

Comments

*Circumference measurements needed for Ready to Wear garments. Please note that all measurements are needed for Custom garments.