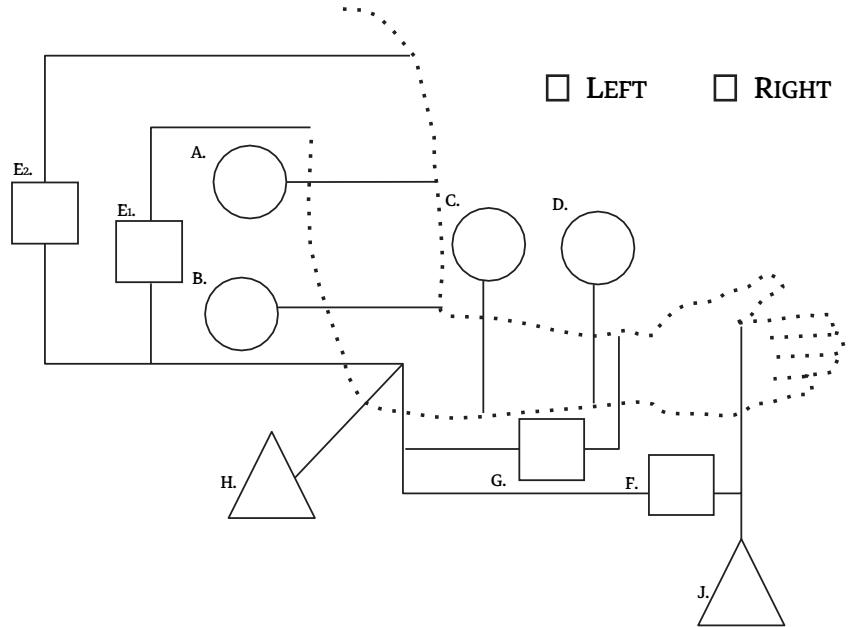


# UPPER EXTREMITY

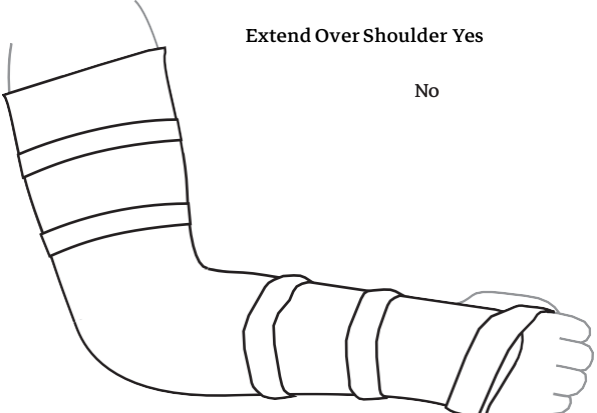
## Custom-To-Cast

### MEASUREMENT LEGEND

- A = Circumference at Proximal Upper Arm
- B = Circumference at Distal Upper Arm
- C = Circumference at Proximal Forearm
- D = Circumference at Distal Forearm
- E<sub>1</sub> = Length from Axilla to Elbow Center
- E<sub>2</sub> = Length from Acromion Process to Elbow Center
- F = Length from Elbow Center to Mid Palm
- G = Length from Elbow Center to Styloid
- H = Caliper M/L at Elbow
- J = Palm Width



Extend Over Shoulder Yes \_\_\_\_\_  
No \_\_\_\_\_



Plastic: \_\_\_\_\_  
Liner: \_\_\_\_\_

**UPGRADES**

Upgrade to Bilateral Adjustable Elbow Joints  
*(Standard includes adjustable lateral, non-adjustable medial joint.)*

Upgrade to Bilateral R.O.M. Wrist Joint  
*(adjustable lateral and medial joints.)*

Other \_\_\_\_\_  
\_\_\_\_\_

**ORDER INFORMATION**

Date: \_\_\_\_\_ P.O.#: \_\_\_\_\_

Facility to be Billed: \_\_\_\_\_

Ship to Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Date Required: \_\_\_\_\_

Ship Via: \_\_\_\_\_ On (Date) \_\_\_\_\_

Contact: \_\_\_\_\_

**PATIENT INFORMATION**

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Diagnosis: \_\_\_\_\_  
\_\_\_\_\_

*Includes 2 socks and a sling*