



Patient Name	Order No.	Repeat Garment No.
Date Measured	Clinic / Hospital	
Measured by	Telephone	E-mail

1STYLE

c-g Armsleeve

Sleeve☐

a-g Combined Armsleeves

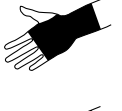
Thumb Opening
No Fingers☐

Thumb Appendage
No Fingers
FLAT KNIT ONLY☐

Thumb Appendage
with Open Fingers
FLAT KNIT ONLY☐

Thumb Appendage
with Closed Fingers
FLAT KNIT ONLY☐

Gloves

Thumb Opening
No Fingers☐

Thumb Appendage
No Fingers
FLAT KNIT ONLY☐

Thumb Appendage
with Open Fingers
FLAT KNIT ONLY☐

Thumb Appendage
with Closed Fingers
FLAT KNIT ONLY☐

2MEASUREMENTS

Circumference measurements

g

f

e

d

c¹

c

C-G

C-F

C-E

C-D

C-C¹

Length measurements

H

G¹

G

Length measurements taken medially

Finger circumference

tip

base

1

2

3

4

4a

a

b

c

c¹

A-B

A-C

A-C¹

Half compression

Length to Garment End

1

2

3

4

4a

5

Thumb Circumference

tip

base

3SELECT FABRIC & COMPRESSION CLASS

FLAT KNIT	CCL1	CCL2	CCL3
Pertex Light	☐		
Pertex		☐	☐
Goldpunkt		☐	☐
Microfine 20-36mmHg		☐	
CIRCULAR KNIT	CCL1	CCL2	CCL3
Venex	☐	☐	
Star Cotton	☐	☐	

4COLOUR

5QUANTITY

LEFT	RIGHT
------	-------

7COMMENTS / REQUESTS

6OPTIONS

GRIP TOPS

3cm Plain Grip Top

5cm Strong Plain Grip Top

5cm Fine Lace Grip Top

5cm Strong Lace Grip Top

☐

☐

☐

☐

PADDINGS & LININGS

Pocket

Lining

Pad

☐

☐

☐

Please specify size and position in comments box (7)

FASTENINGS

FLAT KNIT ONLY

Zip

Velcro Fastening

Velcro Straps

☐

☐

☐

From: _____ to _____

Front

Back

Inside

Outside

Position: ☐ ☐ ☐ ☐

FINISHING OPTIONS

Shoulder Cap
& adjust strap

g - h

g - t (loop)

_____ cm

_____ cm

Shoulder Cap & velcro
fixing to bra

g - h

_____ cm

Slant Cut *FLAT KNIT ONLY*

g - g¹

_____ cm

© 2015, Haddenham Healthcare Ltd. 2015-09-23