

Patient measurement report

Patient's Name: _____ Date: _____

Physician's Name: _____

Other Details: _____

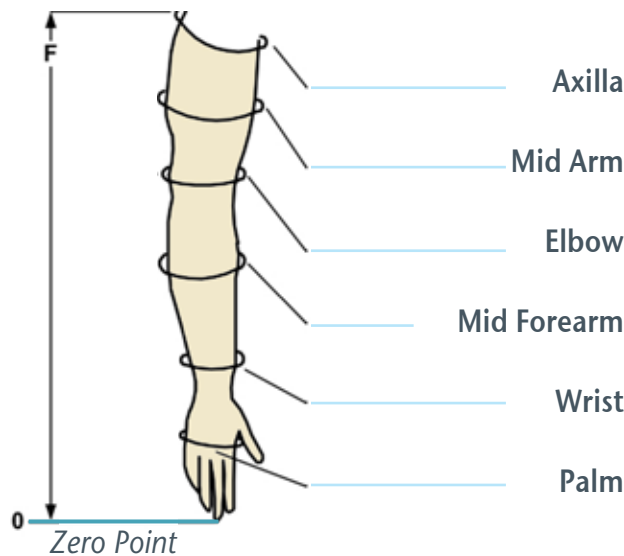
Note: Accurate measuring is the key to perfect fit and best results!

* Length is measured from zero point (ie: table or floor) * Please take all measurements in cm.

Arm measurements (cm)

Arm Circumferences (cm)

Arm Length (cm)	
Left arm	Right arm
F <input type="text"/>	<input type="text"/>



	Left arm	Right arm
Axilla	<input type="text"/>	<input type="text"/>
Mid Arm	<input type="text"/>	<input type="text"/>
Elbow	<input type="text"/>	<input type="text"/>
Mid Forearm	<input type="text"/>	<input type="text"/>
Wrist	<input type="text"/>	<input type="text"/>
Palm	<input type="text"/>	<input type="text"/>

Notes: _____

