

# Early Impressions™ Arm Order Form

## 1 Patient Information

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Therapist/Fitter: Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

## 2 Garment Design

**Style**  Right Arm  Left Arm UE - \_\_\_\_\_

**Channeling**  Chevron  Vertical (Design consult needed)

**Profile**  Original  Low

**Color**  Black  Slate  Purple  Raspberry

### Modifications

QTY.	Notes/Placement Instruction
___ Zippers	_____
___ VELCRO® fastener	_____
<input type="checkbox"/> Closure	_____
<input type="checkbox"/> Adjustable panels*	_____
___ Pull-up loops	_____
___ Digit spacers	_____
(Design consult needed)	_____
___ Snap tape	_____

### Accessories

- \_\_\_ Variable Compression Jacket (VCJ)
- \_\_\_ Outer Jacket (OJ)
  - Color:  Black  Slate  Purple  Raspberry
  - Fastener type:  VELCRO®  Snap
  - Modifications:  Non-skid pads
- \_\_\_ Easy Slide Donning Aid

Special Instructions: \_\_\_\_\_

Exact Reorder of Order #: \_\_\_\_\_

## 4 Billing Information

Quote Only

Business Name: \_\_\_\_\_

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

Contact Name & Phone: \_\_\_\_\_

Account #: \_\_\_\_\_ P.O. #: \_\_\_\_\_

Payment:  Credit card (provide number below)  Net 30

Card #: \_\_\_\_\_ Exp: \_\_\_ / \_\_\_ SID: \_\_\_\_\_

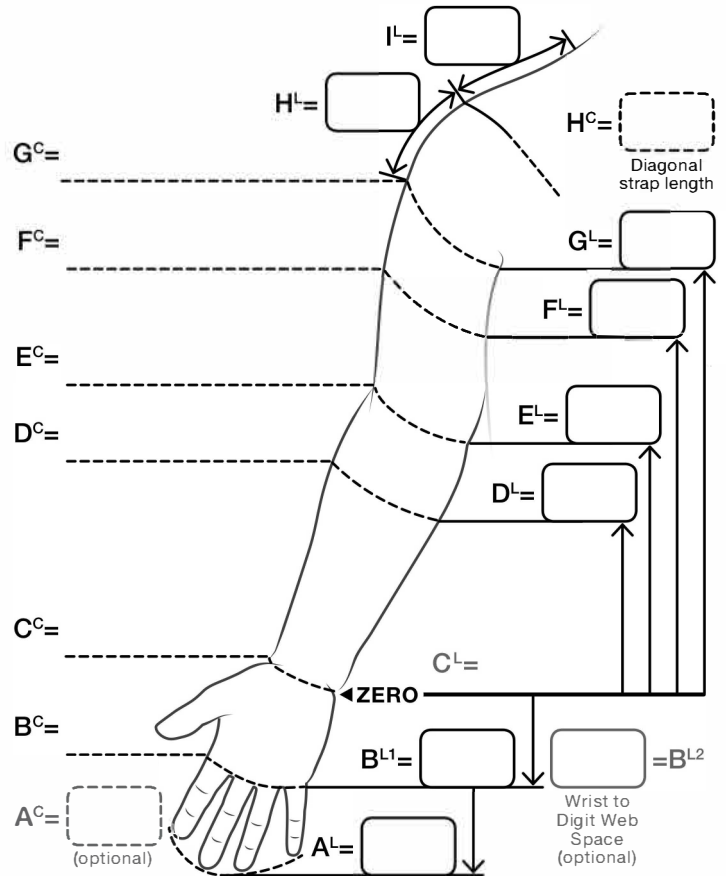
## 3 Measurements

Date taken: \_\_\_ / \_\_\_ / \_\_\_

(All measurements in centimeters)

**C = Circumference**

**L = Length**



## 5 Shipping Information

Shipping:  Ground  2nd Day  Overnight

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

Attn: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Email (for shipping notification): \_\_\_\_\_