



# ExoStrong™ Order Form

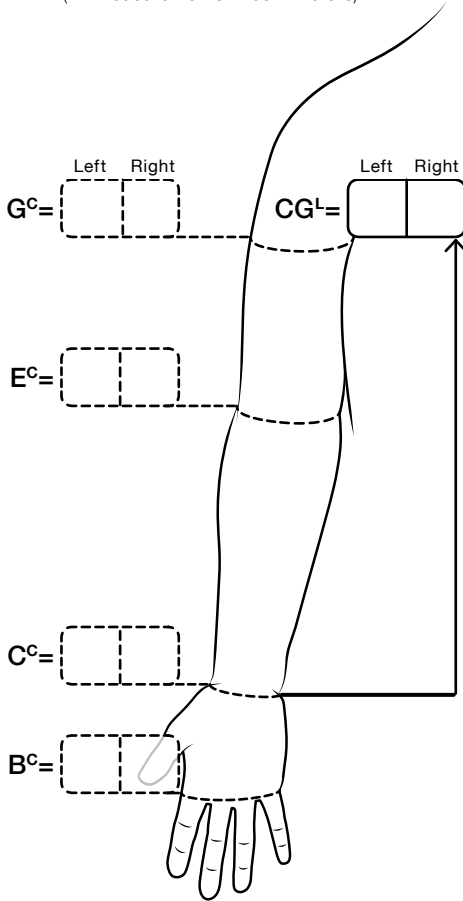
UPPER EXTREMITY

## 1 Order Information

Patient Last Name: \_\_\_\_\_ Patient First Name: \_\_\_\_\_  
 Fitter Last Name: \_\_\_\_\_ Fitter First Name: \_\_\_\_\_  
 Fitter Title: \_\_\_\_\_ (example PT/OT/PTA)  
 Date: \_\_\_\_\_

## 2 Measurements

(All measurements in centimeters)



## 3 Products

(All measurements in centimeters)

### ExoStrong Arm Sleeve (sold individually)

Size	Circumference			Length CG <sup>L</sup>	Proximal Edge Options	Qty.	
	C <sup>c</sup>	E <sup>c</sup>	G <sup>c</sup>			Beige	Black
Small	15-17	24-27	27-30	up to 43	<input type="checkbox"/> Silicone <input type="checkbox"/> Knit		
				up to 46	<input type="checkbox"/> Silicone <input type="checkbox"/> Knit		
				up to 49	<input type="checkbox"/> Silicone <input type="checkbox"/> Knit		
Medium	17-19	27-31	31-35	up to 43	<input type="checkbox"/> Silicone <input type="checkbox"/> Knit		
				up to 46	<input type="checkbox"/> Silicone <input type="checkbox"/> Knit		
				up to 49	<input type="checkbox"/> Silicone <input type="checkbox"/> Knit		
Large	20-22	31-35	35-40	up to 43	<input type="checkbox"/> Silicone <input type="checkbox"/> Knit		
				up to 46	<input type="checkbox"/> Silicone <input type="checkbox"/> Knit		
				up to 49	<input type="checkbox"/> Silicone <input type="checkbox"/> Knit		
X-Large	23-25	36-41	40-45	up to 43	<input type="checkbox"/> Silicone <input type="checkbox"/> Knit		
				up to 46	<input type="checkbox"/> Silicone <input type="checkbox"/> Knit		
				up to 49	<input type="checkbox"/> Silicone <input type="checkbox"/> Knit		

### ExoStrong Glove (sold individually)

Size	Circumference		Finger Length Options	Qty.	
	B <sup>c</sup>	C <sup>c</sup>		Beige	Black
Small	17-19	15-17	<input type="checkbox"/> Full <input type="checkbox"/> Half <input type="checkbox"/> Quarter		
Medium	19-21	17-19	<input type="checkbox"/> Full <input type="checkbox"/> Half <input type="checkbox"/> Quarter		
Large	22-24	20-22	<input type="checkbox"/> Full <input type="checkbox"/> Half <input type="checkbox"/> Quarter		
X-Large	25-27	23-25	<input type="checkbox"/> Full <input type="checkbox"/> Half <input type="checkbox"/> Quarter		

### ExoStrong Gauntlet (sold individually)

Size	Circumference		Qty.	
	B <sup>c</sup>	C <sup>c</sup>	Beige	Black
Small	17-19	15-17		
Medium	19-21	17-19		
Large	22-24	20-22		
X-Large	25-27	23-25		

## 4 Shipping

Ground  2nd Day  Overnight

Ship to \_\_\_\_\_  
 Attn \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_  
 State/Province \_\_\_\_\_ Zip/Postal code \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Email (for shipping notification) \_\_\_\_\_

All measurements in centimeters.