Patient's height:	atient Name:		Please complete and submit to Knit-Rite/Thuasne cs@knitrite.com 800.821.3 Customer Name: Customer Account: Purchase Order #: SI Shipping Address: City: State: Email: Phone:		800.821.3094 Ships To State:	:
Arm Sleeve with m	each side ocks only) itten with thumb arm and small blocks on the ha itten without thumb arm and small blocks on the ha S	Pleas dia			d.	FACING VIEW
Please draw desired sired length in the sp Special Instru Please draw the desi the length from the t	location on the diagram and in ecial instructions area below. ctions red rise at the shoulder on the op of cG to the shoulder (max	diagram and ind imum 4cm).		ℓG ℓF ℓE ℓD		cG cF cE cD
¢AC ¢AB cA				cX z cz		CC INTERNAL USE ONLY Customer Code: 67855 THUASNE THUASNE
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