

READY TO FIT—ARM MEASUREMENTS



**Therapist
Support
Laboratory**

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Patient Name _____

Diagnosis _____

M F

Age _____

Date _____
OT/Physio _____
Hospital _____

GARMENT DESCRIPTION

Left	Right	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
Class 1	Class 2	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____

Place palm, axilla, elbow, and wrist circumferences and length in boxes provided

DELIVERY DETAILS

Address _____

Phone: _____

HOSPITAL ORDER NO:

Length from axilla to wrist _____

PAYMENT DETAILS

Cheque
Credit Card Exp: --/--
No: -----

Palm _____
Wrist _____

Elbow _____

Axilla _____

