

Biflex Self Adjust / Upper Extremity



Order Quotation Renewal **Date:** ____ / ____ / ____

Patient Name: _____

Medical Professional Name: _____

Fitter Name: _____

Case No. for renewal: _____

1st Treatment

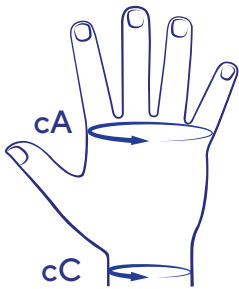
Phone: _____ **Email:** _____

Hand

cA _____ (cm)

cC _____ (cm)

Comments _____



Circumference

cA: Hand (head of metacarpal bones)

cC: Wrist

Size	cA (in cm)	cC (in cm)	Item Number
1	15-19	15-20	<input type="checkbox"/> 18150120100299
2	19-24	17-21	<input type="checkbox"/> 18150120200299
3	24-29	18-23	<input type="checkbox"/> 18150120300299
HCPCS: A6584			Qty _____
Description: Gradient compression wrap with adjustable straps, not otherwise specified			

Arm

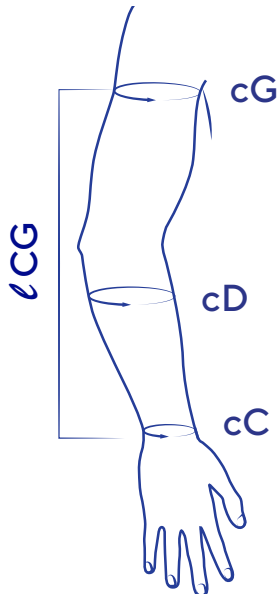
cC _____ (cm)

cD _____ (cm)

cG _____ (cm)

ℓCG _____ (cm)

Comments _____



Circumference

cC: Wrist

cD: Forearm (widest part of forearm)

cG: Axillary arm (widest part of the axillary arm)

Length

ℓCG: Wrist to axillary arm

Size	cC (in cm)	cD (in cm)	cG (in cm)	ℓCG (in cm)	Item Number
1	15-19	22-28	25-32	46-54	<input type="checkbox"/> 18350120100299
2	16-20	24-30	29-36	46-54	<input type="checkbox"/> 18350120200299
3	17-21	26-32	33-40	46-54	<input type="checkbox"/> 18350120300299
4	17-21	28-34	37-44	46-54	<input type="checkbox"/> 18350120400299
5	18-22	30-36	41-48	46-54	<input type="checkbox"/> 18350120500299
6	19-23	31-37	45-52	46-54	<input type="checkbox"/> 18350120600299
HCPCS: A6588				Qty _____	
Description: Gradient pressure wrap with adjustable straps, arm, each					