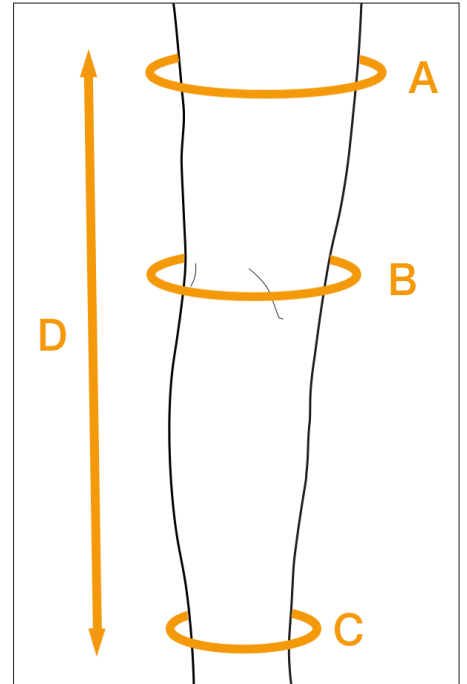


MADE TO MEASURE FORM Custom Arm Gaiter

NB: To meet Medical Device Regulations It is the responsibility of the suitably qualified Health Practitioner to provide full specification/design criteria for a Custom Made Medical Device.

Measurements

- A** Proximal circumference (mm)
- B** Elbow circumference (mm)
- C** Distal circumference (mm)
- D** Length of brace (mm)



Product Information

Colour/Pattern (See Swatch)



Side Left Right

Over Knee Strap Yes No

Steels or **Hinges**

Straight or **Flexed**

Fixed or **Range of Motion:** ° to °

Additional Instructions

Order Information

Order number

What condition/s is the brace for

Patient Name

Hospital

Department

Email

Please complete this form and send it along with your purchase order to our customer service team at: info@beagleortho.com