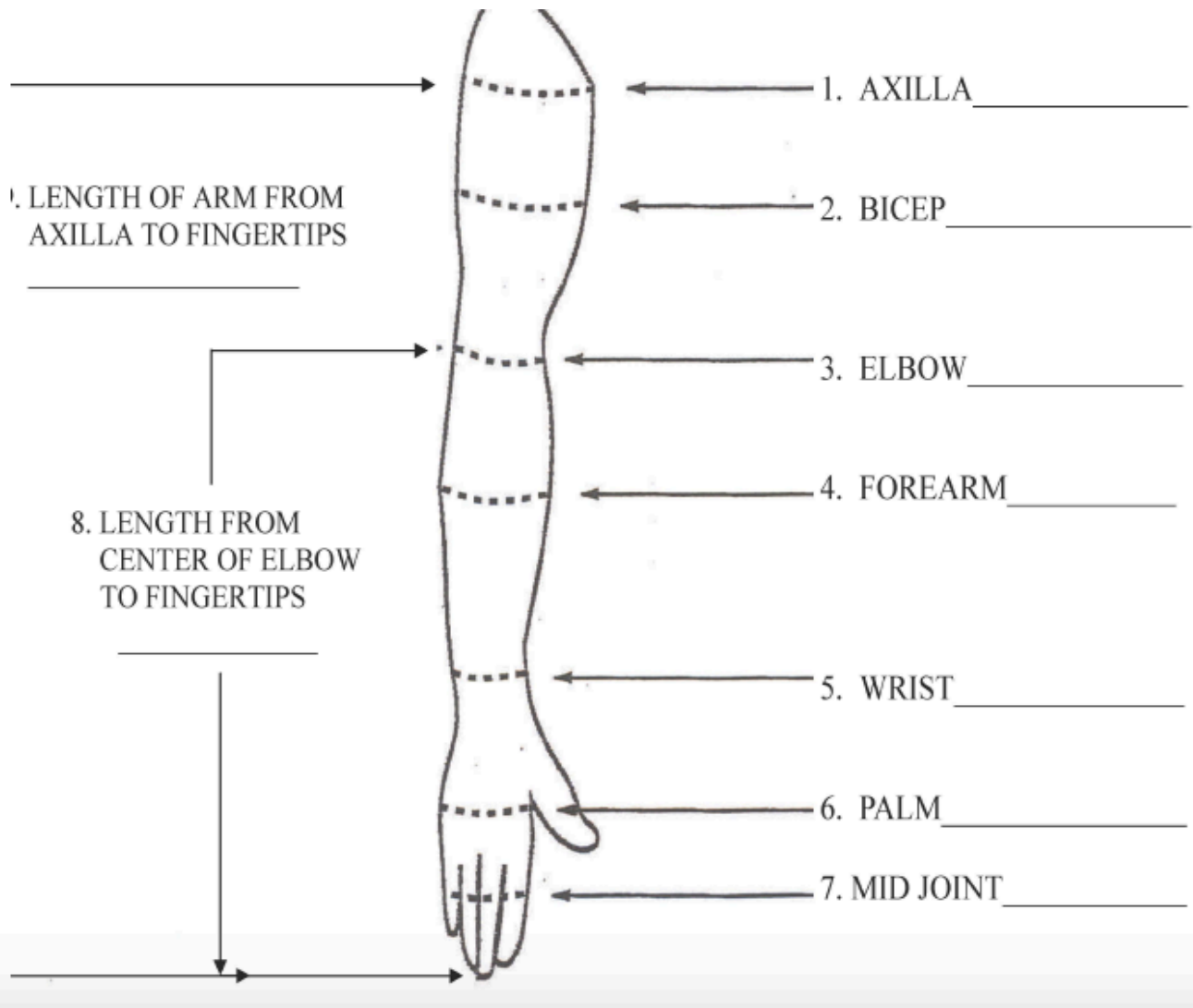


# TOTAL COMPRESSION PUMPS 800 854-0335 (tel) 800 854-4155 (fax)

Name \_\_\_\_\_ Date \_\_\_\_\_

**INSTRUCTIONS: MEASURE CIRCUMFERENCE OF ARM** using a standard measuring tape. Be sure to fill in all measurements.

Right \_\_\_\_\_ Left \_\_\_\_\_ Inches \_\_\_\_\_ Centimeters \_\_\_\_\_



I have taken accurate measurements and I understand that the size sleeve ordered will be based on these measurements.

Signature \_\_\_\_\_