

ORDER REQUEST FORM: BIOCOMPRESSION PUMP AND GARMENTS

Email, fax or post this completed form to Medi-Rent and call us with payment details to complete your order.
 For latest pricing email info@medirent.com.au

1. ORDER DETAILS

Date Requested _____

Required Delivery Date _____

Clinician _____

1. Courier to:
 (Fees apply)

Clinician's address _____

Phone No. _____

2. PATIENT DETAILS

Patient _____

DOB _____

2. Courier to:
 (Fees apply)

Patient's Address _____

Email _____

Home phone _____

Mobile _____

or 3. Home set-up Sydney Metro (Premium service fees apply)

3. BILLING INFORMATION

Who is paying?

Hospital _____

Client

ORDER REQUIREMENTS

Clinicians must complete this section for prescribed settings and garments

PUMP DETAILS

Model Number: SC-2008-OC-230

- 8 - 16 chamber system
- 60 second cycle time
- 20 - 80 mmHg pressure range

Therapist Prescription

Pressure: _____

Session duration: _____

GARMENTS *Customer measurements required overleaf*

Garment/s reqd: 8-chamber arm vest

Qty: _____ 8-chamber arm sleeve

16-chamber Bio-pants

8-chamber custom Legs

MEASUREMENTS FOR BIOCOMPRESSSION ARM OR ARM-VEST GARMENT

PATIENT NAME:

Please check the box below relevant to your order

1. ARM SLEEVE

2. ARM-VEST

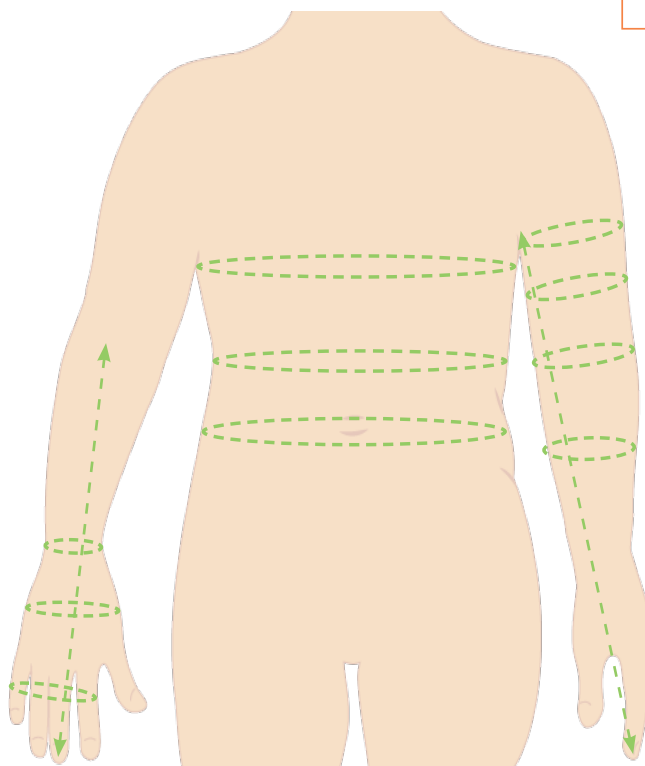
NOTE:

- * When measuring patients, please write the exact measurements on the form below. (The additional centimeters for the proper fit will be added by production personnel at Biocompression)
- * Add any additional circumference measures for unusual shapes. Please note the location on the limb and the circumference measure.

Special Instructions:

- * PHOTOS WILL ASSIST IN ACCURATE FIT
- * ALL MEASUREMENTS ARE IN CENTIMETERS
- * FOR CUSTOM GARMENTS PLEASE COMPLETE ALL MEASUREMENTS
- * FOR STANDARD GARMENTS PLEASE COMPLETE **ORANGE** MEASUREMENTS

- 1. LARGEST CIRCUMFERENCE OVER THE BREAST ()
- 2. LARGEST CIRCUMFERENCE AT BOTTOM OF RIB CAGE ()
- 3. LENGTH OF FOREARM FROM ELBOW TO MIDDLE FINGERTIP ()
- 4. WRIST CIRCUMFERENCE ()
- 5. PALM CIRCUMFERENCE ()
- 6. MID-FINGER JOINT CIRCUMFERENCE ()



TRUNK CIRCUMFERENCE IS LESS THAN 145CM (REQUIRED FOR STD FITTING)

- 7. LENGTH OF ARM FROM AXILLA TO MIDDLE FINGERTIP ()

NOTE: This is a STRAIGHT VERTICAL measurement. Do not measure the contour of the limb

- 8. UPPER ARM CIRCUMFERENCE AT AXILLA ()
 - 9. BICEP CIRCUMFERENCE ()
 - 10. ELBOW CIRCUMFERENCE ()
 - 11. FOREARM CIRCUMFERENCE ()
- } LARGEST UPPER ARM CIRCUMFERENCE ()
- } LARGEST LOWER ARM CIRCUMFERENCE ()

CUSTOM MEASUREMENTS FOR BIOCOMPRESSION LEG OR PANT GARMENTS

PATIENT NAME: _____

Please check the garment box relevant to your order

1. LEG GARMENTS

For custom leg garments please complete ALL measurements in **diagram A**.

2. BIO PANTS

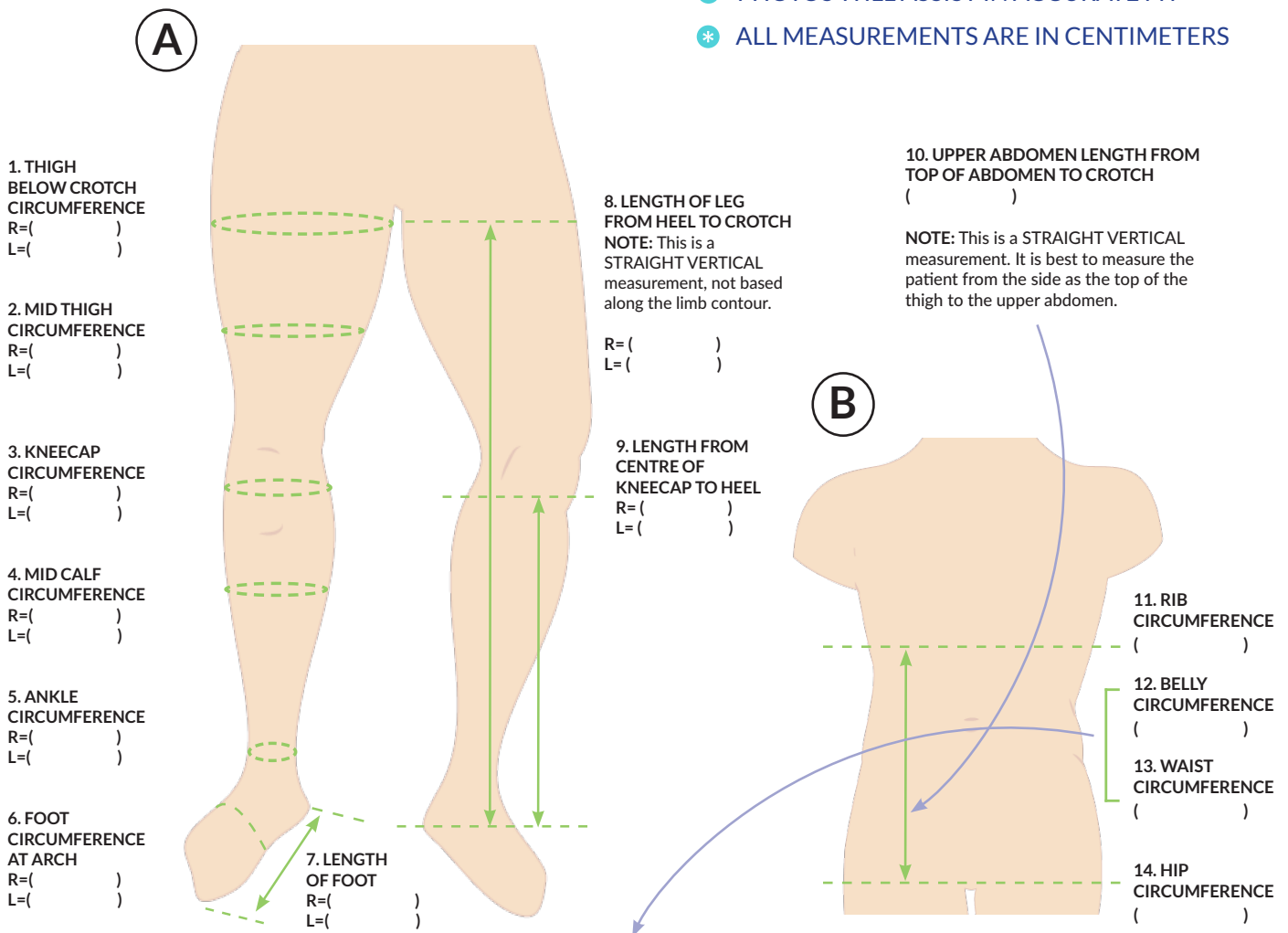
For custom biopant garments please complete ALL measurements in **diagram A and B**.

NOTE: When measuring patients, please write the exact measurements on the form below. The additional centimeters for the proper fit will be added by production personnel at Bio Compression.

Please indicate in anatomical area below, any additional unusual measurements pertinent to the fitting.

Special Instructions: _____

- * PHOTOS WILL ASSIST IN ACCURATE FIT
- * ALL MEASUREMENTS ARE IN CENTIMETERS



Measurements 12 and 13 should be equally distributed vertically between 11 and 14. If the patient has a uniquely wide girth, please ensure this is recorded in either 12 or 13 so the pant design accommodates