



Restorative Medical, Inc.

Custom Measuring Guide

Manufacturer of NeuroFlex® Restorative™ Devices

Patient's Name _____

Person measuring & title _____

Sales Representative _____

Check Type: ThumbEase _____ Restorative Hand _____

Choose: Right _____ Left _____

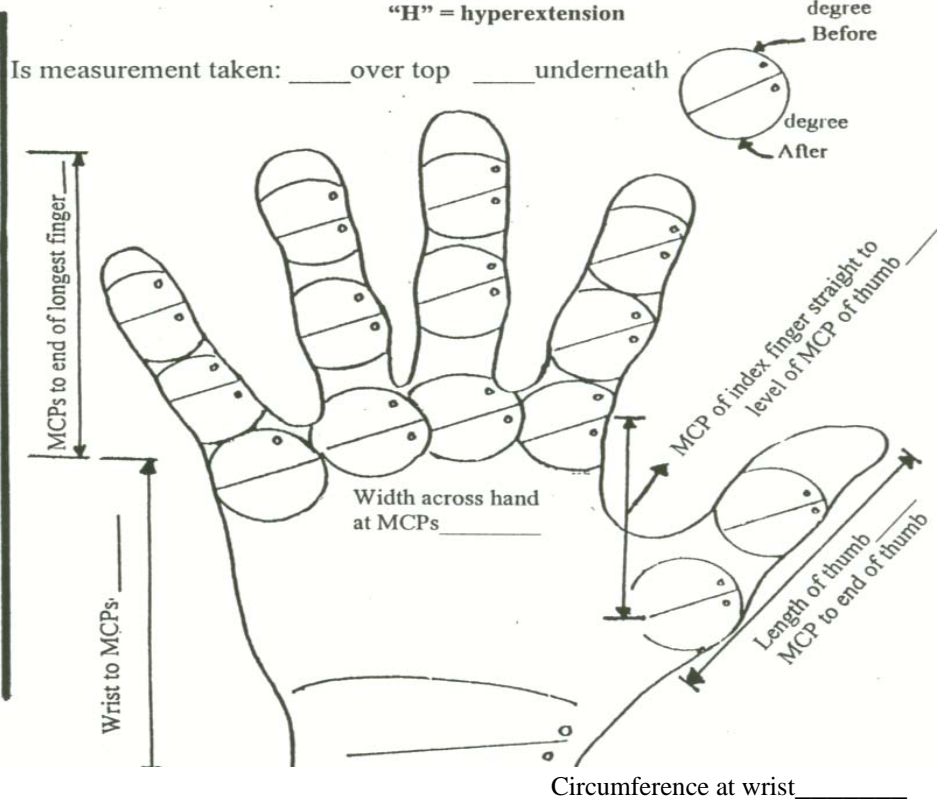
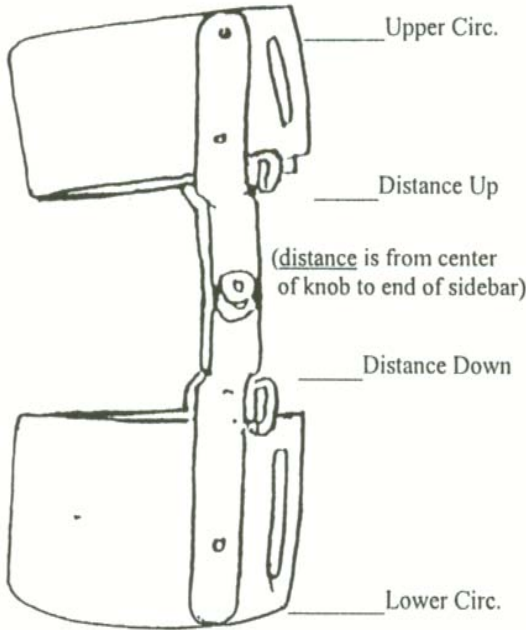
Finger Separators: Sewn In _____ **OR** Velcro On _____

Velcro Tabs _____ **OR** Regular (3 bump) _____

Check: Knee _____ Elbow _____

Check: Right _____ Left _____

Degree of contracture: _____



Degree of Thumb Adduction if present _____

Notes: _____

Ulnar Deviated from: Wrist _____ MCP _____

Ulnar Deviation, degree pre _____ and post stretch _____

Wrist to desired length up arm _____ or standard length _____

Therapist's signature: _____ Date: _____

Write the degree of lost range of motion in area for the joint, pre and post stretch. If you measure over the top of flexed fingers, the measurement will be longer than is correct. Please either measure unaffected hand, if possible, for the size, or along side of the fingers... **in inches.**

If you have question, please call your Restorative Consultant or RMI @ 1-800-793-5544. Fax: 270-422-5453