

Custom Garment Measuring Instructions

A precise fit requires specific measurements. The following guidelines provide you with needed measurements and how-to-measure graphs. Custom orders should be faxed to:

+1 919-876-1610

(Domestic and International Customers)

When ordering your custom garment from outside the United States, please allow a 3-4 week lead time. Please refer to the diagram's corresponding areas to measure.

Custom Head and Ear Bandage

Record the following measurements on the custom garment order form.

- (A) horizontal head circumference (see following page)
- (B) vertical head circumference
- (C) neck (see following page)

Custom Vests and Bras

Record the following measurements on the custom garment order form.

Item #	Description	Measurements
2-8002	shaped compression vest	D, E, F, G, H
2-8003	male compression vest	D, E, F, G, H
2-8008	bra-vest with cups	D, E, F, G, H
2-8014	female compression vest	D, E, F, G, H
2-8015/ 2-8016	bandeau	E, F, G
2-8124	post augmentation bra	D, E, F, G, H
2-8125	semi-shaped bra	D, E, F, G, H
2-8126	semi-shaped bra	D, E, F, G, H
2-8126EL	reconstruction sports bra	D, E, F, G, H
2-8127	semi-shaped bra	D, E, F, G, H

See page 40 for measurements F, G and H



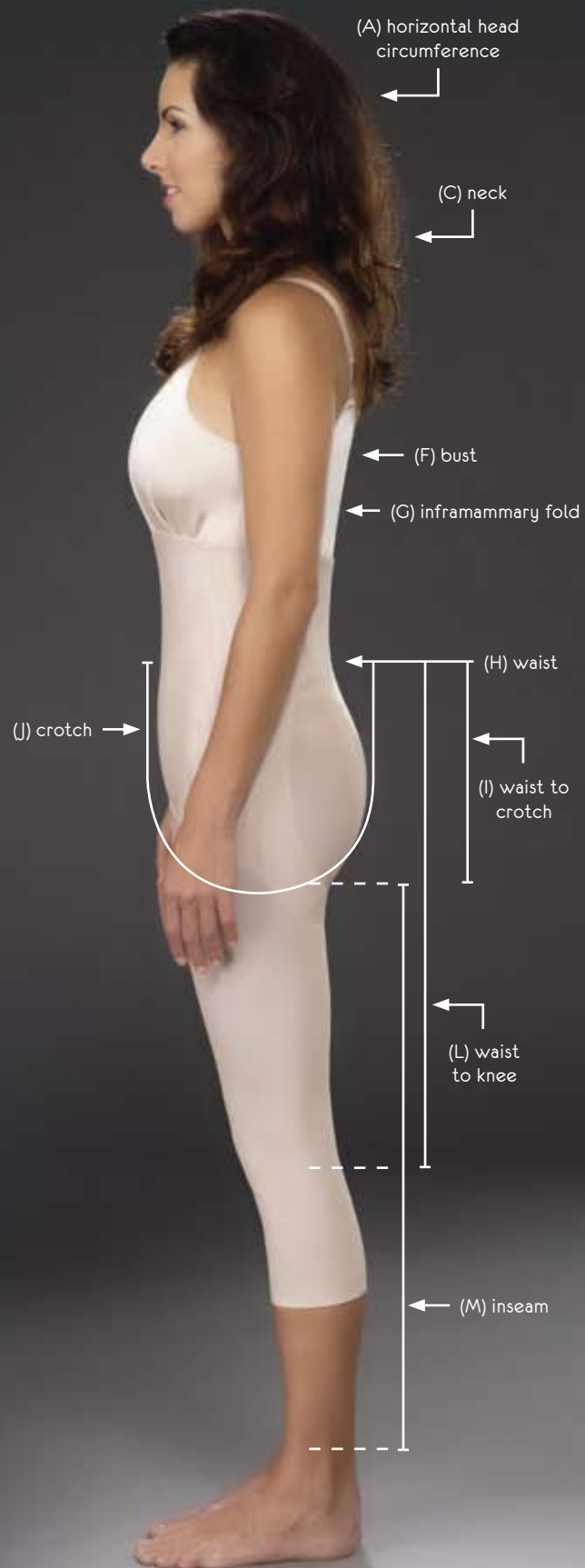
Custom Garment Measuring Instructions

Custom Girdles/Abdominal Garments/Waistbinders

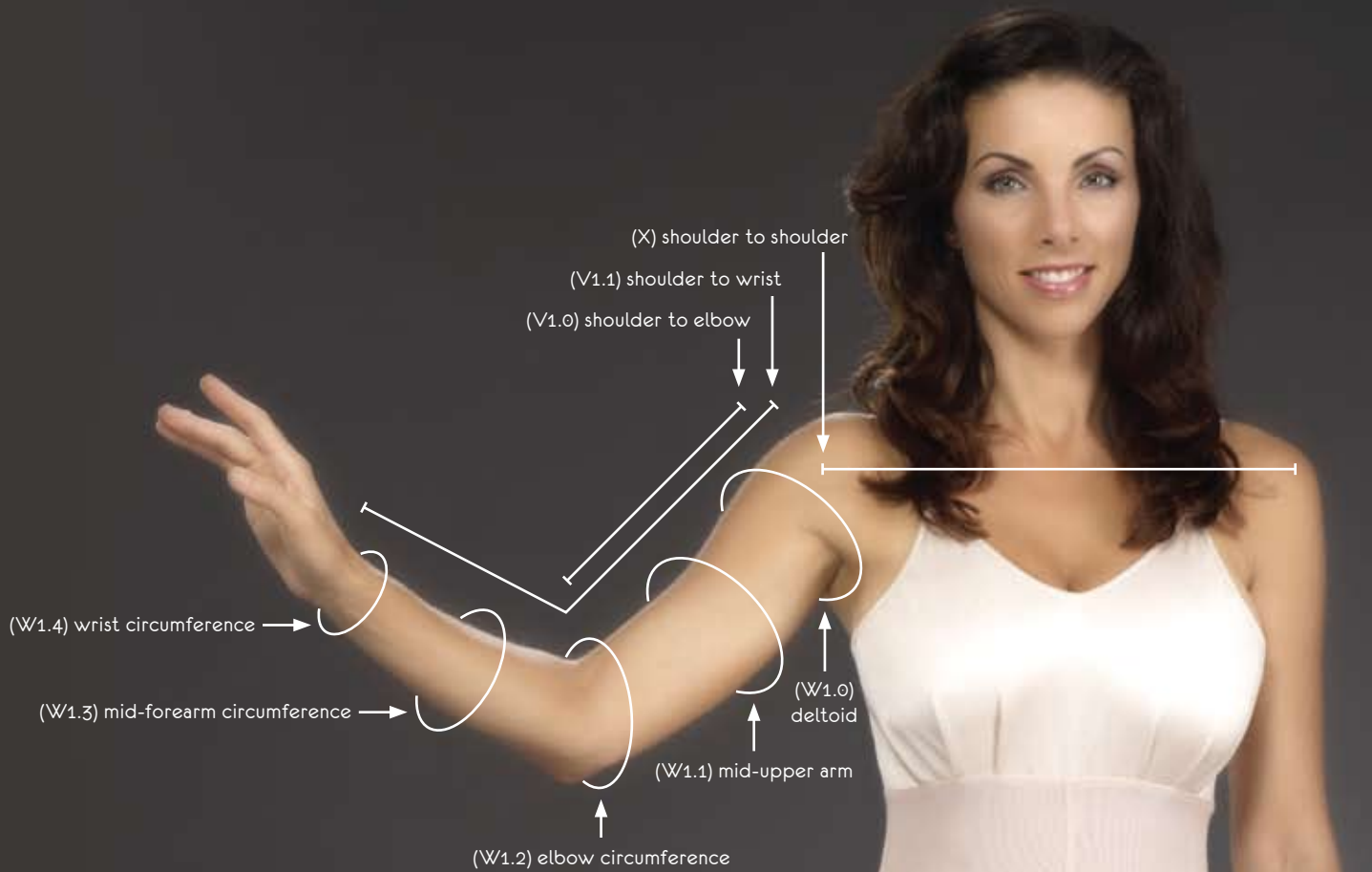
Record the following measurements on the custom garment order form.

Item #	Description	Measurements
3-8004/ 3-8504	waistbinder	E, H, I, K
3-8027/ 3-8037/ 3-8047	waistbinder	E, H, I, K
3-8527/ 3-8537/ 3-8547	waistbinder	E, H, I, K
3-8005	abdominoplasty garment	H, I, J, K, N
3-8025	abdominoplasty garment	H, I, J, K, N
3-9000/ 3-9005	male abdominoplasty	H, I, J, K, N
4-8011/ 4-8511	mid-thigh girdle	H-P
4-8012/ 4-8512	above-the-knee girdle	H-Q
4-8000/ 4-8500	capri length girdle	H-U
4-8013/ 4-8513	ankle-length girdle	H-U
4-4011/ 4-4511	mid-thigh suspended girdle	H-P
4-4012/ 4-4512	above-the-knee suspended girdle	H-Q
4-4000/ 4-4500	capri length suspended girdle	H-U
4-4013/ 4-4513	ankle-length suspended girdle	H-U
4-8200	capri abdomino/lipo girdle	H-U
4-8212	above-the-knee abdomino/lipo girdle	H-Q
4-8213	ankle-length abdomino/lipo girdle	H-U
4-8552	above-the-knee bodysuit	H-Q
4-8550	capri length bodysuit	H-U
4-8100	male below-the-knee girdle	H-U
4-8112	male above-the-knee girdle	H-Q
4-8113	male ankle-length girdle	H-U

See page 39 for measurements E, K and N-U



Custom Garment Measuring Instructions



Custom Arm Bandage (5-8030 and 5-8035)

Record the following measurements on the custom garment order form (Female - include bra and cup size).

Arm Length Measurements

- (V1.0) shoulder to elbow
- (V1.1) shoulder to wrist

Arm Circumferential Measurements

- (W1.0) upper arm deltoid (next to shoulder)
- (W1.1) mid-upper arm
- (W1.2) elbow
- (W1.3) mid-forearm
- (W1.4) wrist
- (X) shoulder to shoulder
- (Y) bra and cup size

Custom Garment Order Form

Physician Name _____ Date _____

Phone Number _____ Fax Number _____

Account # _____ Customer Order # _____

Surgery Date _____ Date Garment(s) Needed _____

Custom Items Ordered _____

Procedure _____

Patient Height _____ Patient Weight _____

Patient Name _____

MEASUREMENTS

Refer to diagrams on pages 39 to 41 in order to assure that the areas measured are accurate, needed for your specific garment and correspond directly to each letter.

Measurement	Description	Custom Measurements	
A	Circumference of head measured horizontally		
B	Circumference of head measured vertically		
C	Circumference of neck		
D	Shoulder width		
E	Shoulder to natural waistline		
F	Bust (fullest part)		
G	Circumference of chest at inframammary fold		
H	Waistline		
I	Waist to crotch		
J	Crotch (measure from natural waistline through crotch area to back of waistline)		
K	Hip (fullest part)		
L	Natural waistline to knee		
M	Inseam (measure from upper inner thigh to ankle)	Left:	Right:
N	Circumference of upper thigh	Left:	Right:
O	Circumference of mid-thigh	Left:	Right:
P	Circumference of leg (2" above the knee)	Left:	Right:
Q	Circumference of knee	Left:	Right:
R	Circumference of leg (2" below the knee)	Left:	Right:
S	Circumference of upper calf	Left:	Right:
T	Circumference of mid-calf	Left:	Right:
U	Circumference of ankle	Left:	Right:
V 1.0*	Arm length measurement – shoulder to elbow		
V 1.1*	Arm length measurement – shoulder to wrist		
W 1.0*	Arm circumferential measurement – upper arm deltoid (next to shoulder)		
W 1.1*	Arm circumferential measurement – mid-upper arm		
W 1.2*	Arm circumferential measurement – elbow		
W 1.3*	Arm circumferential measurement – mid-forearm		
W 1.4*	Arm circumferential measurement – wrist		
X	Arm circumferential measurement – Shoulder to shoulder		
Y	Male chest size		
Y	Bra and cup size		

* To order custom arm bandage #5-8030, all measurements under sections V and W are required.

Patient Care Instructions

When applying and caring for your Caromed compression garment at home, please follow these instructions carefully. Your garment is a medical device, designed and manufactured to help provide you with optimal cosmetic results.

Caromed recommends that someone assist you with your at-home garment application. Again, follow the instructions one step at a time, and take your time.

Application of your Caromed garment is a step-by-step process. Caromed garments are designed for ease of application; however, since this garment is a medical device, we ask that you follow all instructions carefully for best results.

HELPFUL TIPS

To apply your Caromed garment at home: If you have just showered, make certain that you are completely dry before applying your Caromed garment. Assume a seated position on a bed or comfortable chair. If at any time during the application of your girdle, you become fatigued, please take a minute to rest.

GIRDLES

While seated, fasten the girdle up to the knee area. Secure both the hook & eyes closures and zippers.

Remain seated, step into the girdle and position the girdle properly, gently pulling the girdle into place. While standing propped near your chair or bed, pull the girdle up making sure to position the crotch opening as far up as possible.

Fasten the remaining hook & eye closures on one side only. Carefully pull up the zipper. Now fasten the hook & eye closures on the remaining side. This side will be somewhat more difficult to secure and we recommend that someone be present to provide assistance. After the hook & eye closures are secured, carefully zip up this side.

PLEASE USE EXTRA CAUTION TO AVOID CATCHING THE ZIPPER IN THE INNER FACING.

Important: If the zipper becomes snagged – **STOP IMMEDIATELY. DO NOT** attempt to force the zipper in any direction. Remove the entire garment completely. This alleviates the tension placed on the zipper. You now will be able to gently work with the zipper until it is freed from the facing.

Urination: Caromed recommends that all female patients purchase a small, flexible plastic funnel to position close to the perineum when voiding. This will prevent accidental splashing or spraying of the garment. Voiding in the standing position will probably be more comfortable the first few days following surgery.

Elimination: We recommend that you unzip one side, drop the flap, hold securely to one side and elimination can be accomplished quite easily without soiling the garment.

Laundering: Caromed recommends that you hand wash your Caromed garment in lukewarm water with a mild soap or detergent, then air dry. Please do not dry your garment in an electric or gas dryer as this may ruin the garment.

MOST PATIENTS REQUIRE TWO GARMENTS IN ORDER TO HAVE A FRESHLY LAUNDERED ONE AVAILABLE

To remove bloodstains, simply soak your garment in a basin of cool water to which 1/4 cup of peroxide has been added. Then launder and let air-dry.

Terms and Conditions

PRODUCT RETURNS

Customers within the U.S. may return product for credit directly to our Texas facility provided they include a copy of the packing slip that came with the product. The product must be in its original packaging and in resalable condition. Product returns more than 60 days after the invoice date are subject to restocking fees. Product returned more than 6 months after the invoice date is not eligible for credit. For customers outside the U.S., please contact us to arrange for a Return Goods Authorization. Product should be returned to our warehouse by a traceable method:

CAROMED

Attention: Product Returns

5605 Spring Court

Raleigh, NC 27616

Please Note: Custom garments are **NOT RETURNABLE** as they are manufactured to the precise specifications of the patient and cannot be resold.

ACCOUNT QUESTIONS

If you have account inquiries or questions about your invoice; you may contact your Customer Account Representative or our Accounts Receivable Department at:

Telephone: (800) 948-1938

Fax: (919) 876-1610

Or contact us in writing at:

CAROMED

Attention: Aesthetics Products

5605 Spring Court

Raleigh, NC 27616

PAYMENT DEDUCTIONS

Any payment deductions from the invoiced amount due to pricing errors and shortages must be submitted in writing within 30 days of the invoice date. Proof of delivery must be requested within 30 days of invoice date.

CREDIT MEMOS

If you have an open credit memo on your account, please use it to reduce your next payment. Please note which invoices and credit memos you are using on your payment to help us maintain your account accurately. Credit memos expire two years from date of document.

PAYMENT TERMS

Your acceptance of product on the invoice indicates agreement to pay within the standard terms shown on the face of the invoice. We prefer payment by check to our remittance address printed on the face of the invoice. You may also use VISA, MasterCard or American Express to pay the invoice by calling your Customer Account Representative at (800) 948-1938. If you have a question or problem with any aspect of the invoice, it is important to contact us immediately.

SALES TAXES

Applicable sales taxes will be charged to all customers unless a valid exemption or resale certificate is provided to CAROMED at the following mailing address:

CAROMED

Attention: Tax Department

5605 Spring Court

Raleigh, NC 27616

PRICE REPORTING

The customer is required to report the actual price charged by CAROMED, including any future adjustments thereto, to all applicable federal and state agencies.

THANK YOU FOR LETTING US SERVE YOU.



Manufactured by:

CAROMED INTERNATIONAL, INC.

5605 Spring Court

Raleigh, NC 27616

Toll free: 1-800-948-1938

Phone: 919-878-0578

Fax: 919-876-1610