

Customer Name \_\_\_\_\_ Customer No. \_\_\_\_\_ Purchase Order No. \_\_\_\_\_ Fax \_\_\_\_\_  
 Billing Address \_\_\_\_\_ Patient Name \_\_\_\_\_  
 Shipping Address \_\_\_\_\_ Order Date \_\_\_\_\_ Measured By \_\_\_\_\_  
 Telephone \_\_\_\_\_ Email \_\_\_\_\_ Shipping Method \_\_\_\_\_  
 Credit Card Info \_\_\_\_\_

Lower Extremity				Foot Options		Cover up color			
<b>juxtafit™ premium</b>				Left	Quantity	Right	Quantity	<input type="checkbox"/> power added compression band™ (default) <input type="checkbox"/> single band ankle foot wrap™ <input type="checkbox"/> juxtafit™ premium interlocking ankle foot wrap <input type="checkbox"/> juxtafit™ premium ankle foot wrap <b>Made-to-measure foot option</b> <input type="checkbox"/> juxtafit™ premium ankle foot wrap <input type="checkbox"/> attached <input type="checkbox"/> separate	<input type="checkbox"/> black (default) <input type="checkbox"/> beige
<input type="checkbox"/> Lower Leg <input type="checkbox"/> Lower Leg with knee <input type="checkbox"/> Knee piece <input type="checkbox"/> Upper Leg <input type="checkbox"/> No lateral rise <input type="checkbox"/> Upper Leg with knee <input type="checkbox"/> No lateral rise <input type="checkbox"/> Whole Leg <input type="checkbox"/> No lateral rise	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____					
<b>graduate™</b>				Left	Quantity	Right	Quantity	<b>graduate foot option</b> <input type="checkbox"/> boot attached (default) <input type="checkbox"/> boot separate <input type="checkbox"/> no boot	
<input type="checkbox"/> Lower Leg <input type="checkbox"/> Whole Leg <input type="checkbox"/> Boot Only	Foam liner color options: Interior: <input type="checkbox"/> beige (default) <input type="checkbox"/> black (default) <input type="checkbox"/> red <input type="checkbox"/> beige <input type="checkbox"/> turquoise <input type="checkbox"/> red <input type="checkbox"/> turquoise		<input type="checkbox"/>	_____	<input type="checkbox"/>	_____			
<b>classicflex™</b>				Left	Quantity	Right	Quantity	<b>Notes:</b>	
<input type="checkbox"/> Lower Leg				<input type="checkbox"/>	_____	<input type="checkbox"/>	_____		

Please take measurements without tension!

Leg measurement Circumferences		Leg measurement Lengths	
Left in cm	Right in cm	Left in cm	Right in cm
85			
80			
75			
70			
65			
60			
55			
50			
45			
40			
35			
30			
25			
20			
15			
10			
05			
eE			
e mall.			

Measurements must be every 5cm from the starting point center of malleolus.

Foot measurement Circumferences		Foot measurement Lengths	
Left in cm	Right in cm	Left in cm	Right in cm
e mall.		eP <sub>2</sub>	
eY		e mall.	
eH		eA-Y	
eA		eA	

eP<sub>2</sub>: Length from malleolus to malleolus.

circaid® inelastic compression garments