



Caresia™ Order Form

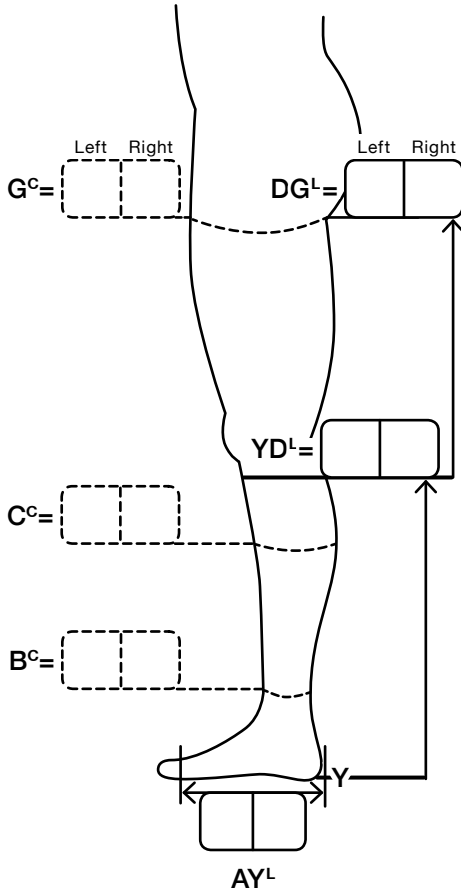
LOWER EXTREMITY

1 Order Information

Patient Last Name: _____ Patient First Name: _____
 Fitter Last Name: _____ Fitter First Name: _____
 Fitter Title: _____ (example PT/OT/PTA)
 Date: _____

2 Measurements

(All measurements in centimeters)



3 Products

(All measurements in centimeters)

Caresia Foot (sold individually)

Size	Circumference		Length	Qty.
	B ^c		AY ^{L*}	
Small	22-28		20-25	
Medium	28-34		25-30	
Large	34-40		30-35	

* AY^L is from tip of the longest toe to heel.

Caresia Below Knee (sold individually)

Size	Circumference		Length	Qty.
	B ^c	C ^c	YD ^L	
Small	22-28	30-40	35-41	
			41-47	
			47-53	
Medium	28-34	40-52	35-41	
			41-47	
			47-53	
Large	34-40	52-62	35-41	
			41-47	
			47-53	

Caresia Thigh (sold individually)

Size	Circumference	Length	Qty.
	G ^c	DG ^L	
Small	45-65	up to 23-28	
		up to 28-33	
		up to 33-38	
Medium	65-85	up to 23-28	
		up to 28-33	
		up to 33-38	
Large	85-99.9	up to 23-28	
		up to 28-33	
		up to 33-38	

4 Shipping

Ground 2nd Day Overnight

Ship to _____
 Attn _____
 Street _____
 City _____
 State/Province _____ Zip/Postal code _____
 Phone _____
 Email (for shipping notification) _____

All measurements in centimeters.