



Caresia™ Order Form

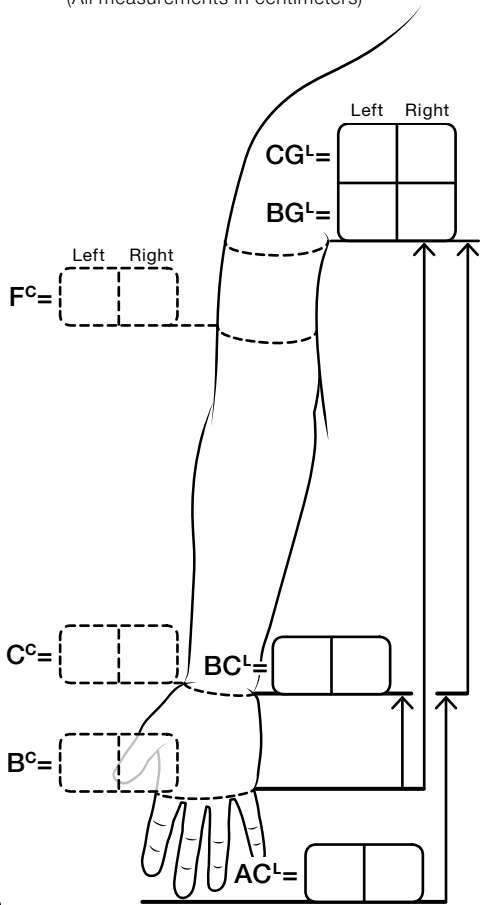
UPPER EXTREMITY

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 Gauntlet (sold individually)

Size	Circumference		Length	Qty.
	B ^c	C ^c	BC ^L	
Small	15-19	13.5-16	18	
Medium	19-23	16-22		
Large	23-28	22-28		

Caresia Glove (sold individually)

Size	Circumference		Length	Qty.
	B ^c	C ^c	AC ^L	
Small	15-19	13.5-16	24	
Medium	19-23	16-22		
Large	23-28	22-28		

Caresia Wrist to Axilla (sold individually)

Size	Circumference		Length	Qty.	
	C ^c	F ^c	CG ^L	Left	Right
Small	13.5-16	20-30	45-50		
Medium	16-22	30-40			
Large	22-28	40-50			

Caresia MCP to Axilla (sold individually)

Size	Circumference			Length	Qty.	
	B ^c	C ^c	F ^c	BG ^L	Left	Right
Small	15-19	13.5-16	20-30	56-61		
Medium	19-23	16-22	30-40			
Large	23-28	22-28	40-50			

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.