



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



UPPER EXTREMITY

juxtafit essentials armsleeve

	1		2		3		4		5		6	
	L	R	L	R	L	R	L	R	L	R	L	R
X-Short (38 cm)												
Short (43 cm)												
Long (48 cm)												

juxtafit essentials hand wrap

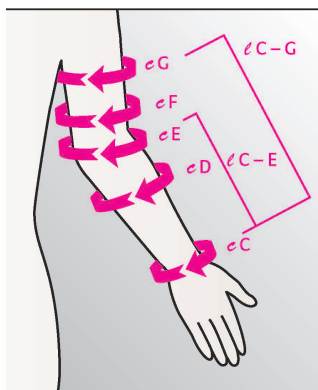
XS	S	M	L	XL

ACCESSORIES

	Variants			Sizes		Color		
	Lower Leg	Whole Leg	Arm	Small	Large	Beige	Black	Pink
cover up arm								
cover up lower leg								
cover up whole leg								
undersleeve* lycra								
undersleeve* silver								
sock cotton terry								
sock silver								
sock lycra								
shelf straps								
non-slip padding								

NOTES:

circaid juxtafit essentials arm ready-to-wear size chart



circumferences	1	2	3	4	5	6
eG	28-32	30-34	32-37	35-40	38-44	42-48
eF	26-30	28-32	30-35	33-38	36-41	39-45
eE	25-28	27-30	29-32	31-34	33-36	36-40
eD	23-26	25-28	27-30	29-32	31-34	33-37
eC	15-17	17-19	19-21	21-23	23-25	25-28

actual product length	x-short	short	long
lC-G	38	43	48
arm length	x-short	short	long
lC-E	< 22	22-25	> 25

Measurements in cm