



# ReadyWrap® Order Form

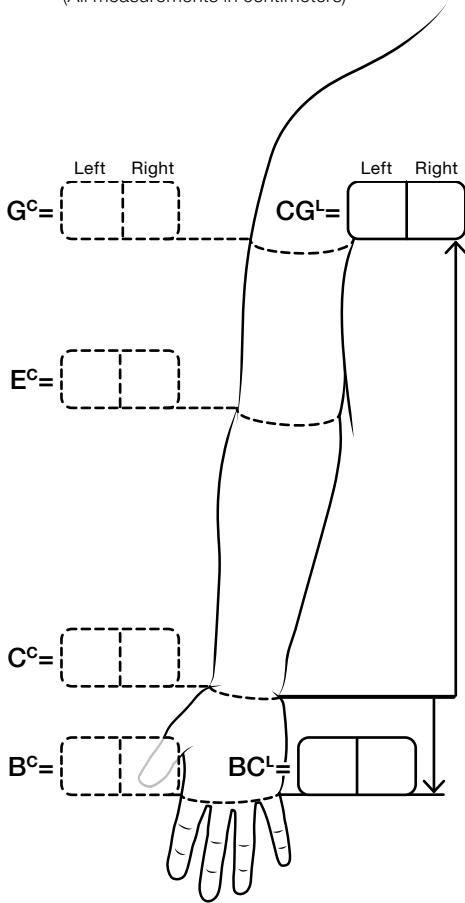
**UPPER EXTREMITY**

## 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)

Select garment(s) color:  Beige  Black  
 (Unchecked forms default to Black)

### Arm (sold individually)

Size	Circumference			Length	Qty.
	C <sup>c</sup>	E <sup>c</sup>	G <sup>c</sup>	CG <sup>l</sup>	
Small	13.5–17	19–26	22–29	up to 43	
				up to 46	
				up to 49.5	
Medium	15.5–20	24–33	26–36	up to 43	
				up to 46	
				up to 49.5	
Large	17.5–23	29–40	31–43	up to 43	
				up to 46	
				up to 49.5	
X-Large	19.5–26	30–43	36–50	up to 43	
				up to 46	
				up to 49.5	

### Gauntlet (sold individually)

Size	Circumference		Length	Qty.	
	C <sup>c</sup>	B <sup>c</sup>	BC <sup>l</sup>	Left	Right
Small	13.5–17	18–20	up to 12.5		
Medium	15.5–20	20–22	up to 13.5		
Large	17.5–23	22–24	up to 14.5		
X-Large	19.5–26	24–26	up to 15.5		

## 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.