

ReadyWrap™ Order Form

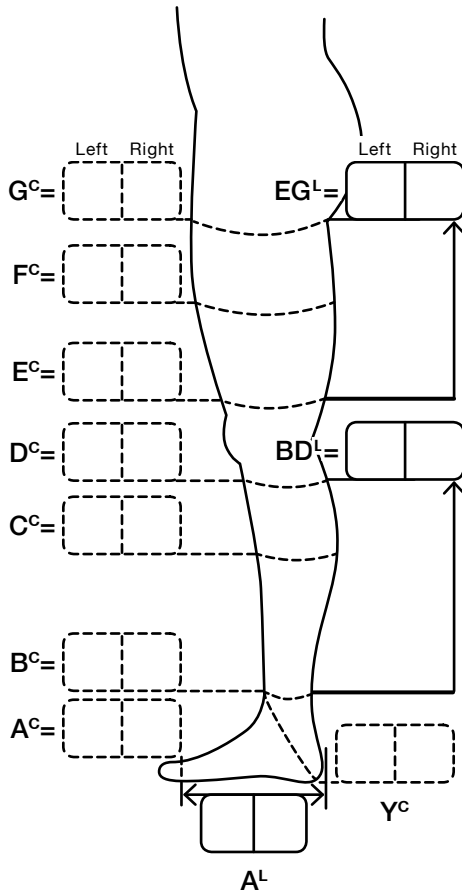
LOWER EXTREMITY

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)

NOTE: Selections default to Black, for Beige garments, check: Beige

ReadyWrap Thigh (sold individually)

	E ^c	G ^c	EG ^L	Qty.
S	38-48	48-63	up to 25 up to 30	
M	45-58	58-73	up to 25 up to 30	
L	52-68	68-83	up to 25 up to 30	
XL	59-78	78-93	up to 25 up to 30	
XXL	66-88	88-103	up to 25 up to 30	

ReadyWrap Foot (sold individually)

	Y ^c	B ^c	A ^L	Qty.	
				Left	Right
S	18-23	18-23	up to 21		
M	20-28	20-28	up to 23		
L	25-33	25-33	up to 26		
XL	30-38	30-38	up to 29		

ReadyWrap Knee (sold individually)

	D ^c	E ^c	Qty.
S	18-23	28-38	
M	20-28	33-43	
L	25-33	38-48	
XL	30-38	43-58	
XXL	35-43	53-68	

ReadyWrap Toe (sold individually)

	MTP (A ^c)	Qty.	
		Left	Right
S	18.0-20.4		
M	20.5-23.5		
L	23.6-26.0		
XL	26.1-28.5		
XXL	28.6-31.0		

ReadyWrap Liners

(sold in pairs, black only)

	Girth	Qty.
Below Knee	28-68	
Thigh High, Regular	48-74	
Thigh High, Max	74-103	

ReadyWrap Calf (sold individually)

	B ^c	D ^c	BD ^L	Qty.
S	18-23	28-38	up to 30 up to 35	
M	20-28	33-43	up to 30 up to 35	
L	25-33	38-48	up to 30 up to 35	
XL	30-38	43-58	up to 30 up to 35	
XXL	35-43	53-68	up to 30 up to 35	

ReadyWrap

Extender Strap (sold individually)

Strap length	Qty.
10 cm	

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.

Luna Medical, Inc. · Specialists in Venous & Lymphatic Insufficiencies

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