

Patient Name

Measured By

Date

Clinic/DME

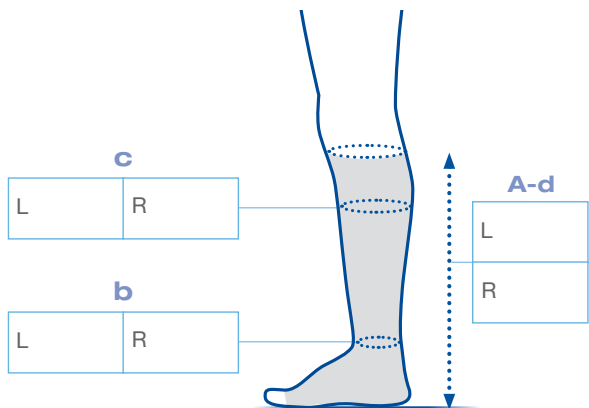
Purchase Order No.

Billing Address

Shipping Address

F-CWL ver.01

### Comfiwave® Below Knee



#### COMPRESSION

15-21mmHg

#### QUANTITY

Circumference cm

**S**  **M**  **L**  **XL**

**c** **WIDEST CALF** 25 - 32 30 - 38 36 - 46 44 - 56

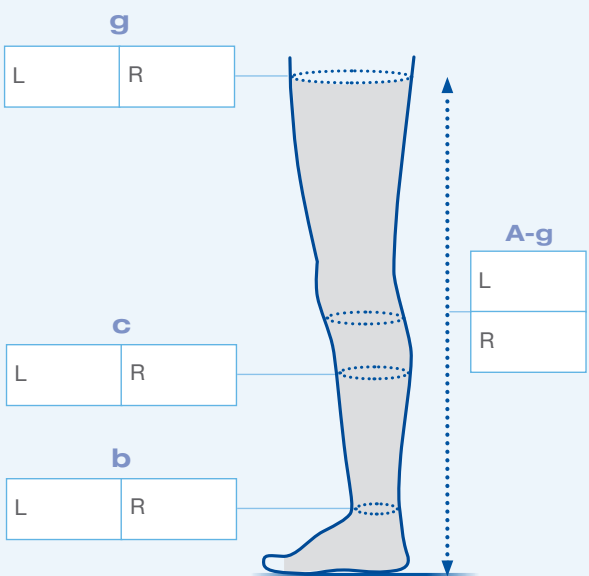
**b** **ANKLE** 17 - 22 20 - 26 22 - 30 27 - 35

Length cm

**SHORT**  **REGULAR**  **LONG**

**A-d** **FLOOR TO BELOW KNEE** 32 - 37 37 - 42 42 - 48

### Comfiwave® Thigh High



#### COMPRESSION

15-21mmHg

#### QUANTITY

Circumference cm

**S**  **M**  **L**  **XL**  **XXL**

**g** **THIGH TOP** 40 - 48 46 - 56 54 - 65 62 - 75 72 - 92

**c** **WIDEST CALF** 25 - 32 30 - 38 36 - 46 44 - 56 52 - 64

**b** **ANKLE** 17 - 22 20 - 26 22 - 30 27 - 35 27 - 35

Length cm

**SHORT**  **REGULAR**  **LONG**

**A-g** **FLOOR TO THIGH TOP** 64 - 70 70 - 77 77 - 84

### Comfiwave® Toecap



#### COMPRESSION

15-21mmHg

#### QUANTITY

Circumference cm

**M**  **L**

**a** **BALL OF FOOT** 20 - 27 26 - 34



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# Comfiwave® Below Knee

	SHORT	REGULAR	LONG
<b>S</b>	CW1-AD2S	CW1-AD2R	CW1-AD2L
<b>M</b>	CW1-AD3S	CW1-AD3R	CW1-AD3L
<b>L</b>	CW1-AD4S	CW1-AD4R	CW1-AD4L
<b>XL</b>	CW1-AD5S	CW1-AD5R	CW1-AD5L

# Comfiwave® Thigh High

	SHORT	REGULAR	LONG
<b>S</b>	CW1-AG2S	CW1-AG2R	CW1-AG2L
<b>M</b>	CW1-AG3S	CW1-AG3R	CW1-AG3L
<b>L</b>	CW1-AG4S	CW1-AG4R	CW1-AG4L
<b>XL</b>	CW1-AG5S	CW1-AG5R	CW1-AG5L
<b>XXL</b>	CW1-AG6S	CW1-AG6R	CW1-AG6L

# Comfiwave® Toecap

	REGULAR
<b>M</b>	CW1-ZA3
<b>L</b>	CW1-ZA4