

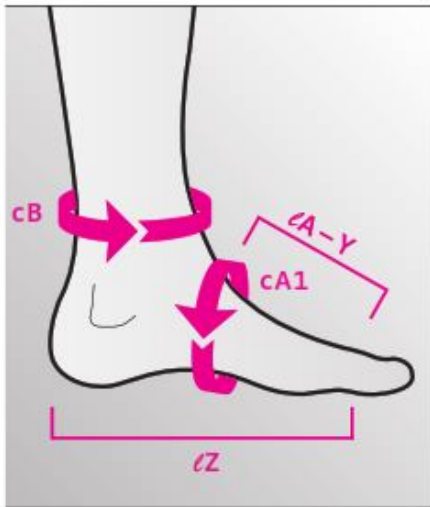


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Patient Last Name: _____ Patient First Name: _____

Fitter Last Name: _____ Fitter First Name: _____

Date: _____



circaid juxtafit premium ankle foot wrap (afw)

circumferences and lengths in cm.

<i>size</i>	<i>S</i>	<i>M</i>	<i>L</i>
l A-Y	> 9	> 9	> 9
cB	< 36	< 36	< 41
cA1	19 – 24	24 – 29	29 – 34
lZ	> 16	> 16	> 16