

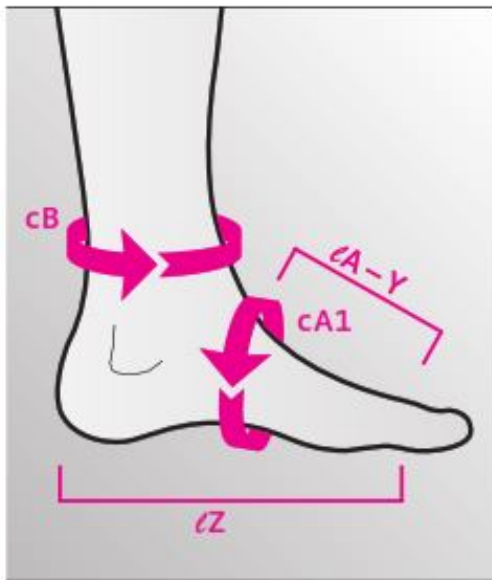


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Patient Last Name: \_\_\_\_\_ Patient First Name: \_\_\_\_\_

Fitter Last Name: \_\_\_\_\_ Fitter First Name: \_\_\_\_\_

Date: \_\_\_\_\_



## circaid juxtafit premium interlocking ankle foot wrap (afw)

*circumferences and lengths in cm.*

<i>size</i>	<i>S</i>	<i>M</i>	<i>L</i>
<i>l A - Y</i>	> 9	> 9	> 9
<i>cB</i>	< 36	< 36	< 41
<i>cA1</i>	19 - 24	24 - 29	29 - 34
<i>lZ</i>	13 - 25	13 - 25	13 - 25