

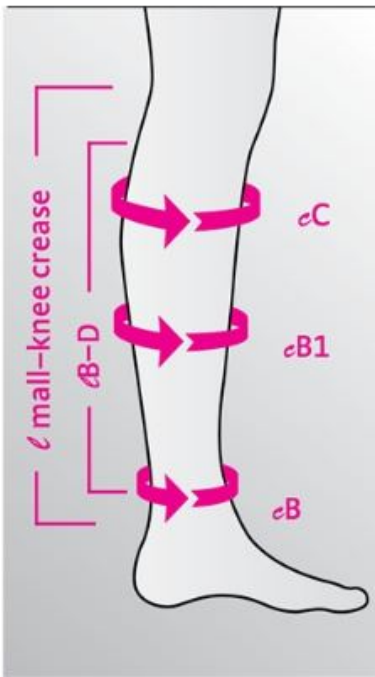


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 Chicago, IL 60622
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 To Order Online: orders@absolutemedical.com
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Patient Last Name: _____ Patient First Name: _____

Fitter Last Name: _____ Fitter First Name: _____

Date: _____



circaid® juxtafit™ premium and essentials lower leg

circumference in centimeters									
size	S*	M*	M-X full calf	L*	L-X full calf	XL	XL*	XL-X full calf	XXL*
eC	30-38	36-43	43-50	41-48	48-56	41-51	46-56	51-61	53-64
eB1	20-28	25-33	33-40	30-38	38-46	33-41	36-46	41-51	43-53
eB	15-23	20-28	20-28	25-33	25-33	30-38	30-38	30-38	33-41
actual garment length in centimeters									
size	short					long			
eB-D	28					36			
sizing measurement		short				long			
e mall-knee crease		<36				>36			