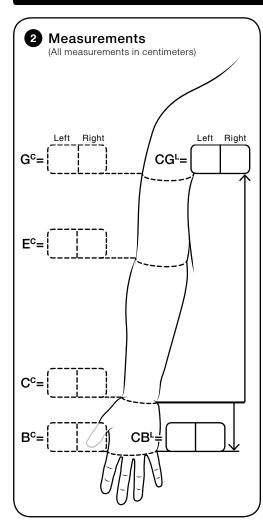


Your Compression Solution

ReadyWrap™ Order Form

UPPER EXTREMITY

1 Order Information	
Patient Last Name:	Patient First Name:
Fitter Last Name:	Fitter First Name:
Fitter Title:	(example PT/OT/PTA)
Date:	



3 Products (All measurements in centimeters)
ReadyWrap Arm (sold individu

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

, ,					
0:		Circumference	_	Length	
Size C° E° G°	G°	CG ^L	Qty.		
				up to 43	
Small	13.5-17.0	19.0-26.0	22.0-29.0	up to 46	
				up to 49.5	
				up to 43	
Medium	15.5–20.0	24.0-33.0	26.0-36.0	up to 46	
				up to 49.5	
				up to 43	
Large	17.5-23.0	29.0-40.0	31.0-43.0	up to 46	
				up to 49.5	
				up to 43	
X-Large	17.5-23.0	30.0-43.0	36.0-50.0	up to 46	
				up to 49.5	

ReadyWrap Gauntlet (sold individually)

0:	Circum	ference	Length	Q	ty.
Size	Cc	Bc	CBr	Left	Right
Small	13.5–17.0	18.0-20.0	up to 12.5		
Medium	15.5–20.0	20.0-22.0	up to 13.5		
Large	17.5–23.0	22.0-24.0	up to 14.5		
X-Large	19.5–26.0	24.0-26.0	up to 15.5		

4	Shipping	9	
	□Ground	□2nd Day	□Overnight
Ship	to		
Attn			
Stree	et		
City			
State	/Province	Zip/l	Postal code
Phon	е		

All measurements in centimeters.