

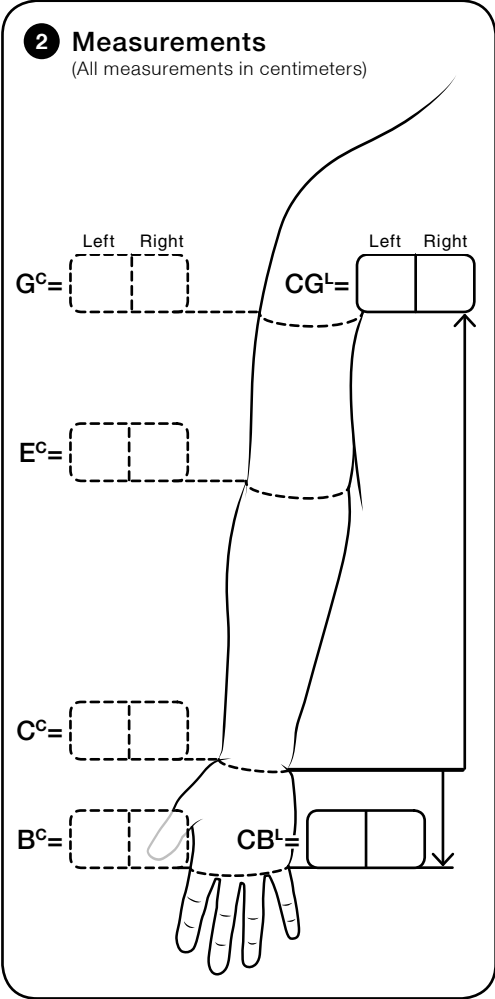


ReadyWrap™ Order Form

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)

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

ReadyWrap Arm (sold individually)

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

ReadyWrap Gauntlet (sold individually)

Size	Circumference		Length CB ^L	Qty.	
	C ^c	B ^c		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

Ground 2nd Day Overnight

Ship to _____
 Attn _____
 Street _____
 City _____
 State/Province _____ Zip/Postal code _____
 Phone _____
 Email (for shipping notification) _____

All measurements in centimeters.