



# Caresia™ Order Form

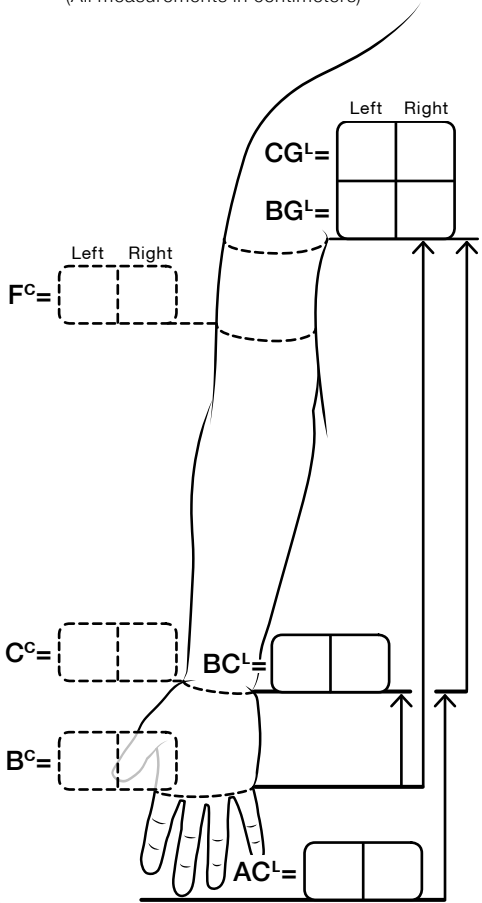
**UPPER EXTREMITY**

## 1 Order Information

Patient Last Name: \_\_\_\_\_ Patient First Name: \_\_\_\_\_  
 Fitter Last Name: \_\_\_\_\_ Fitter First Name: \_\_\_\_\_  
 Fitter Title: \_\_\_\_\_ (example PT/OT/PTA)  
 Date: \_\_\_\_\_

## 2 Measurements

(All measurements in centimeters)



## 3 Products

(All measurements in centimeters)

### Caresia Gauntlet (sold individually)

Size	Circumference		Length	Qty.
	B <sup>C</sup>	C <sup>C</sup>	BC <sup>L</sup>	
Small	15-19	13.5-16	18	
Medium	19-23	16-22		
Large	23-28	22-28		

### Caresia Glove (sold individually)

Size	Circumference		Length	Qty.
	B <sup>C</sup>	C <sup>C</sup>	AC <sup>L</sup>	
Small	15-19	13.5-16	24	
Medium	19-23	16-22		
Large	23-28	22-28		

### Caresia Wrist to Axilla (sold individually)

Size	Circumference		Length	Qty.	
	C <sup>C</sup>	F <sup>C</sup>	CG <sup>L</sup>	Left	Right
Small	13.5-16	20-30	45-50		
Medium	16-22	30-40			
Large	22-28	40-50			

### Caresia MCP to Axilla (sold individually)

Size	Circumference			Length	Qty.	
	B <sup>C</sup>	C <sup>C</sup>	F <sup>C</sup>	BG <sup>L</sup>	Left	Right
Small	15-19	13.5-16	20-30	56-61		
Medium	19-23	16-22	30-40			
Large	23-28	22-28	40-50			

## 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.