MZ CustomFit

Caresia™ Order Form

UPPER EXTREMITY

1 Order Information

Patient Last Name: _____ **Patient First Name:** _____

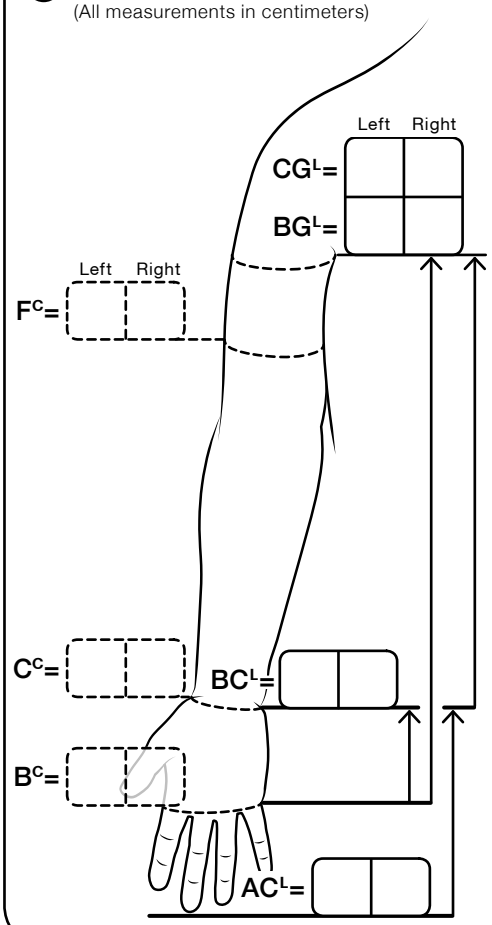
Fitter Last Name: _____ **Fitter First Name:** _____

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^C	C^C	BC^L	
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^C	C^C	AC^L	
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^C	F^C	CG^L	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^C	C^C	F^C	BG^L	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			

All measurements in centimeters.

4 Shipping

☐ Ground ☐ 2nd Day ☐ Overnight

Ship to _____

Attn _____

Street _____

City _____

State/Province _____ Zip/Postal code _____

Phone _____

Email (for shipping notification) _____

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