

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



UPPER EXTREMITY

juxtafit essentials armsleeve

| | 1 | | 2 | | 3 | | 4 | | 5 | | 6 | |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|
| | L | R | L | R | L | R | L | R | L | R | L | R |
| X-Short (38 cm) | | | | | | | | | | | | |
| Short (43 cm) | | | | | | | | | | | | |
| Long (48 cm) | | | | | | | | | | | | |

juxtafit essentials hand wrap

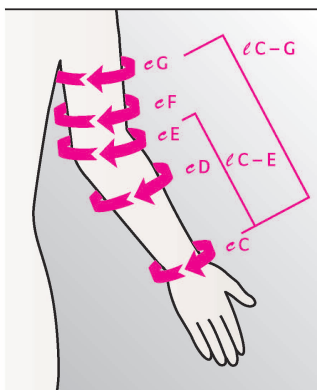
| XS | S | M | L | XL |
|----|---|---|---|----|
| | | | | |

ACCESSORIES

| | Variants | | | Sizes | | Color | | |
|---------------------|-----------|-----------|-----|-------|-------|-------|-------|------|
| | Lower Leg | Whole Leg | Arm | Small | Large | Beige | Black | Pink |
| cover up arm | | | | | | | | |
| cover up lower leg | | | | | | | | |
| cover up whole leg | | | | | | | | |
| undersleeve* lycra | | | | | | | | |
| undersleeve* silver | | | | | | | | |
| sock cotton terry | | | | | | | | |
| sock silver | | | | | | | | |
| sock lycra | | | | | | | | |
| shelf straps | | | | | | | | |
| non-slip padding | | | | | | | | |

NOTES:

circaid juxtafit essentials arm ready-to-wear size chart



| circumferences | 1 | 2 | 3 | 4 | 5 | 6 |
|----------------|-------|-------|-------|-------|-------|-------|
| eG | 28-32 | 30-34 | 32-37 | 35-40 | 38-44 | 42-48 |
| eF | 26-30 | 28-32 | 30-35 | 33-38 | 36-41 | 39-45 |
| eE | 25-28 | 27-30 | 29-32 | 31-34 | 33-36 | 36-40 |
| eD | 23-26 | 25-28 | 27-30 | 29-32 | 31-34 | 33-37 |
| eC | 15-17 | 17-19 | 19-21 | 21-23 | 23-25 | 25-28 |

| actual product length | x-short | short | long |
|-----------------------|---------|-------|------|
| lC-G | 38 | 43 | 48 |
| arm length | x-short | short | long |
| lC-E | < 22 | 22-25 | > 25 |

Measurements in cm