

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

ReadyWrap™ Foot SL Order Form

4 Products

(All measurements in centimeters)

ReadyWrap Foot SL (sold individually)

Size	Circumference		Length AY ^L	Orientation	Qty.	
	A ^{1C}	B ^C			Beige	Black
Small	21–24	18–23	16–19	Left		
				Right		
				Left		
				Right		
Medium	25–28	20–28	16–19	Left		
				Right		
				Left		
				Right		
Large	29–32	25–33	16–19	Left		
				Right		
				Left		
				Right		
X-Large	33–36	30–38	16–19	Left		
				Right		
				Left		
				Right		

All measurements in centimeters.

ReadyWrap™ Foot SL

Size	Circumference		Length AY ^L
	A ^{1C}	B ^C	
Regular			
Small	21–24 cm	18–23 cm	16–19 cm
Medium	25–28 cm	20–28 cm	
Large	29–32 cm	25–33 cm	
X-Large	33–36 cm	30–38 cm	
Long			
Small	21–24 cm	18–23 cm	19–22 cm
Medium	25–28 cm	20–28 cm	
Large	29–32 cm	25–33 cm	
X-Large	33–36 cm	30–38 cm	

