☐ Quote
☐ 1st order ☐ Re-order

Custom Arm & Glove

Call: (571)232-3179
Fax: (703)852-4371
Email: nancy@bodyworks-compression.com

CIRCAID® medi

Customer Name _____ Customer No. _____ Purchase Order No. _____ Fax _____

Billing Address _____ Patient Name _____

Shipping Address _____ Order Date _____ Measured By _____

Telephone _____ Email _____ Shipping Method _____

Credit Card Info _____

Upper Extremity

juxtafit™ essentials	Left	Quantity	Right	Quantity
☐ arm	☐		☐	
☐ glove	☐		☐	
☐ dorsum strap	☐		☐	
☐ open side	☐		☐	
☐ dorsum strap and open side	☐		☐	
☐ hand wrap	☐		☐	
graduate™ arm (includes hand cover)	☐		☐	

NOTES:

Arm options

cover up color

☐ black (default)
☐ pink
☐ beige

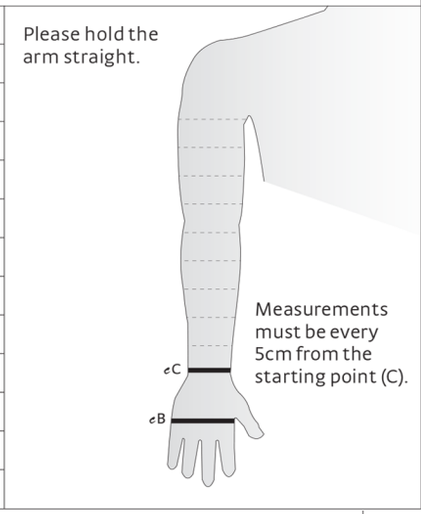
graduate™ foam liner color

interior	exterior
☐ beige (default)	☐ black (default)
☐ red	☐ beige
☐ turquoise	☐ red
	☐ turquoise

Please take measurements without tension!

Arm measurement
Circumferences

Left in cm		**Right** in cm
	55	
	50	
	45	
	40	
	35	
	30	
	25	
	20	
	15	
	10	
	05	
	eC Wrist	
	eB Palm	



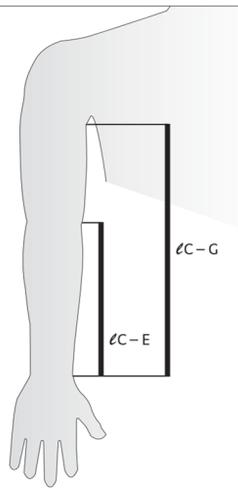
Arm measurement
Lengths

Left in cm _____ ℓC–G _____

Left in cm _____ ℓC–E _____

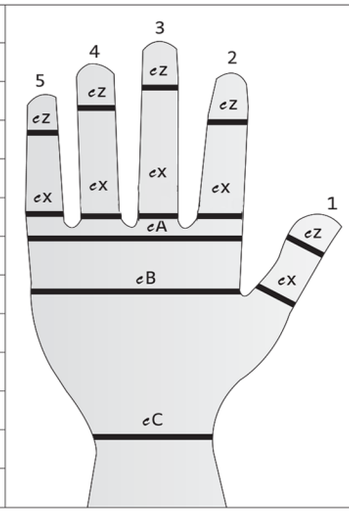
Right in cm

Please measure the length on the inside of the arm (from the wrist to elbow crease and from the wrist to axilla).



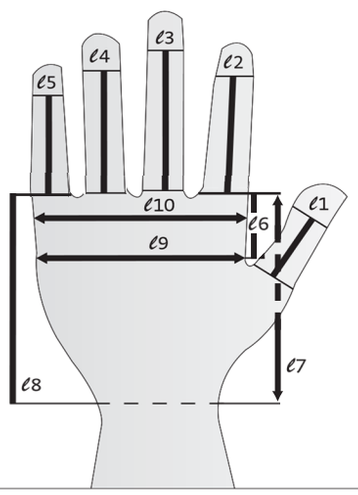
Hand measurement
Circumferences

Left in cm		**Right** in cm
	1ez	
	2ez	
	3ez	
	4ez	
	5ez	
	1ex	
	2ex	
	3ex	
	4ex	
	5ex	
	eA	
	eB Palm	
	eC Wrist	



Hand measurement
Lengths

Left in cm		**Right** in cm
	ℓ1	
	ℓ2	
	ℓ3	
	ℓ4	
	ℓ5	
	ℓ6	
	ℓ7	
	ℓ8	
	ℓ9	
	ℓ10	



circaid® inelastic compression garments

P0174RevA