



Date: ___/___/___ Patient Name: _____ Therapist Name: _____

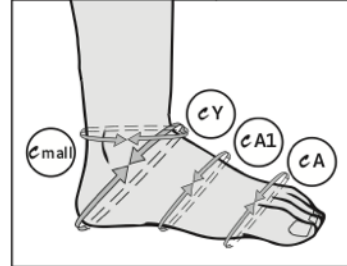
Ship to: _____

juxtafit® premium					Foot options - choose one		Cover up color	
	Qty Left	Qty Right	Lateral rise (oblique)	Add pull tabs	Standard foot options <input type="checkbox"/> pac band™ (default) - compression anklets included <input type="checkbox"/> single band afw™ <input type="checkbox"/> juxtafit premium interlocking afw <input type="checkbox"/> juxtafit premium afw <input type="checkbox"/> customizable interlocking afw Custom foot options <input type="checkbox"/> juxtafit premium afw <input type="checkbox"/> attached <input type="checkbox"/> separate		<input type="checkbox"/> black (default) <input type="checkbox"/> beige Additional Options Extra Pair Undersleeves (open ended): Lower Leg _____ Whole Leg _____ Extra Pair Undersocks (close ended): Lower Leg _____ Whole Leg _____ Beige _____ Silver _____ Cotton Terry _____	
Lower leg			<input type="checkbox"/> No rise (default) <input type="checkbox"/> 5cm <input type="checkbox"/> 10cm					
Lower leg w/knee								
Knee only								
Upper leg			<input type="checkbox"/> Yes (default) <input type="checkbox"/> No					
Upper leg w/knee			<input type="checkbox"/> Yes (default) <input type="checkbox"/> No					
Whole leg			<input type="checkbox"/> Yes (default) <input type="checkbox"/> No					

graduate™								
	Qty Left	Qty Right	Boot style	Foam lateral rise (oblique)	Band locks	Hard sole boot	Foam liner closure	Foam liner color options
Lower leg with boot			<input type="checkbox"/> attached (default) <input type="checkbox"/> separate					Interior <input type="checkbox"/> beige * <input type="checkbox"/> red <input type="checkbox"/> turquoise Exterior <input type="checkbox"/> black* <input type="checkbox"/> beige <input type="checkbox"/> red <input type="checkbox"/> turquoise * default
Lower leg without boot								
Whole leg with boot			<input type="checkbox"/> attached (default) <input type="checkbox"/> separate					
Whole leg without boot								
Boot only								
Foam pad accessory: _____ cm x _____ cm (max. 20cm x 20cm)								

Foot measurement Circumferences

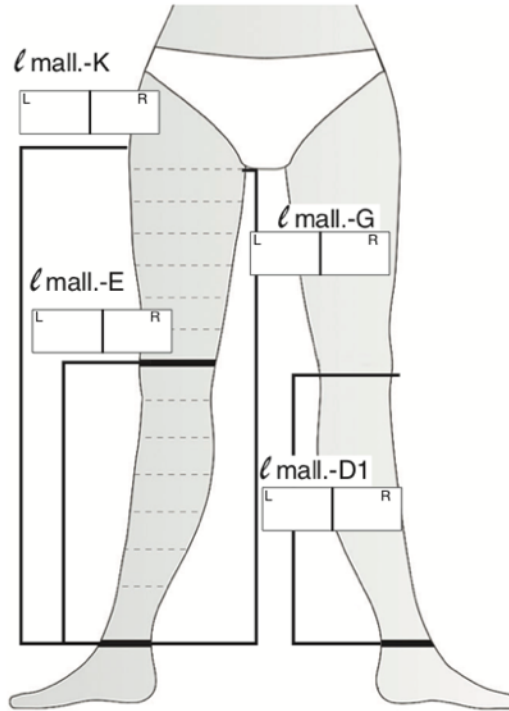
Left in cm.		Right in cm.
	c _{mall} .	
	c _y	
	c _{A1}	
	c _A	



Please take measurements without tension!

Leg measurement Circumferences

Left in cm.		Right in cm.
	85	
	80	
	75	
	70	
	65	
	60	
	55	
	50	
	45	
	40	
	35	
	30	
	25	
	20	
	15	
	10	
	05	
	c _{mall}	
	c _E *	



Measurements must be every 5cm from the starting point at the malleolus.

*E = center of patella

Foot measurement Lengths

Left in cm.		Right in cm.
	l _{P2}	
	l _{floor-mall.}	
	l _{A-Y}	
	l _A	

