



Date: \_\_\_/\_\_\_/\_\_\_

Patient Name: \_\_\_\_\_

Fitter/Therapist Name: \_\_\_\_\_

Ship to: \_\_\_\_\_

**circaid® juxtafit™ essentials lower leg**

circumference in centimeters									
size	S *	M *	M - X full calf	L *	L - X full calf	XL	XL *	XL - X full calf	XXL *
<b>cC</b>	30 - 38	36 - 43	43 - 50	41 - 48	48 - 56	41 - 51	46 - 56	51 - 61	53 - 64
<b>cB1</b>	20 - 28	25 - 33	33 - 40	30 - 38	38 - 46	33 - 41	36 - 46	41 - 51	43 - 53
<b>cB</b>	15 - 23	20 - 28	20 - 28	25 - 33	25 - 33	30 - 38	30 - 38	30 - 38	33 - 41

actual garment length in centimeters	short	long
<b>B - D</b>	28	36

sizing measurement	short	long
<b>mall-D1</b>	< 36	> 36

SIZE OF JUXTAFIT LEG NEEDED: \_\_\_\_\_

SIZE OF JUXTAFIT AFW NEEDED: \_\_\_\_\_

QTY OF JUXTAFIT LEG NEEDED: \_\_\_\_\_

QTY OF JUXTAFIT AFW NEEDED: \_\_\_\_\_