

CIRCAID® Custom Armsleeve & Glove Form

Fax Orders: 888-840-0939 Email: customs@mediusa.com

Exact Reorder Order

Number: _____

RMA #: _____



Customer Name _____

Customer No. _____ Purchase Order No. _____

Patient Name _____ Fax _____

Billing Address _____

Shipping Address _____

Telephone _____ Measured by _____

Order Date _____ Email _____

Shipping method: Standard (max. 5 days if complete order is received by 3:00pm EST) Second Day (extra charge) Next Day (extra charge)

Credit Card Info _____

juxtafit® essentials arm			Color <input type="checkbox"/> Beige <input type="checkbox"/> Black <small>NEW</small>				
	Qty Left	Qty Right	Standard arm sleeve (C-G)	Partial sleeve (C-E)	Partial sleeve (E-G)	Partial sleeve (C-F)	Made of extra-firm material
armsleeve							

juxtafit® essentials glove			Color <input type="checkbox"/> Beige <input type="checkbox"/> Black <small>NEW</small>			
*open palm is recommended for palm circumferences greater than 24cm			Qty Left	Qty Right	Fingerless glove	Extend wrist band
glove						<input type="checkbox"/> 3cm <input type="checkbox"/> 6cm
open palm glove						<input type="checkbox"/> 3cm <input type="checkbox"/> 6cm
glove w/ dorsum strap						<input type="checkbox"/> 3cm <input type="checkbox"/> 6cm
open palm glove w/ dorsum strap						<input type="checkbox"/> 3cm <input type="checkbox"/> 6cm
hand wrap						

Cover up color
(indicate qty.)
<input type="checkbox"/> black (default)
<input type="checkbox"/> beige
<input type="checkbox"/> pink
Additional Options
Undersleeves (indicate qty.)
<input type="checkbox"/> standard
<input type="checkbox"/> silver
<input type="checkbox"/> wide

*New custom options and add-ons may incur additional costs.

graduate™						
	Qty Left	Qty Right	Foam lateral rise	Stop foam at C	Tack thumb hole	Band locks
armsleeve			<input type="checkbox"/> 2.5cm <input type="checkbox"/> 5cm			
graduate™ foam liner color options						
Interior			Exterior			
<input type="checkbox"/> Beige (default)			<input type="checkbox"/> Black (default) <input type="checkbox"/> Beige			

Norton Hand Solution	Qty Left	Qty Right
shell and black glove		
shell and black glove with open palm		

Notes on taking measurements for custom-made circaid inelastic products

• Measurements for compression garments should not be taken until the best possible decongestion effort has been achieved. Circumference and length measurements are taken in a distal to proximal sequence. Measurements should be taken with the arm extended straight, such as with a patient lying flat on a table or standing.

• It is essential to mark the measuring points on the arm so that the circumference and length measurements are taken at the same point.

• The circumference measurements are taken without any tension as the products are adjustable and will accommodate some changes in size. Measurements are to be taken with skin measurements. Skin measurements should be taken loosely without tension.

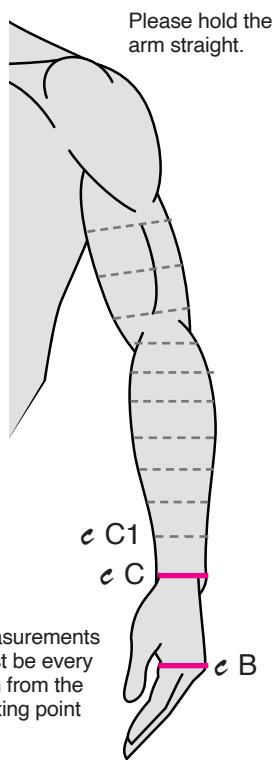
Please take measurements without tension!

Patient Name: _____

Date: _____

Arm measurement Circumferences

Left in cm.	Right in cm.
55	
50	
45	
40	
35	
30	
25	
20	
15	
10	
05 cC1	
cC wrist	
cB Palm	

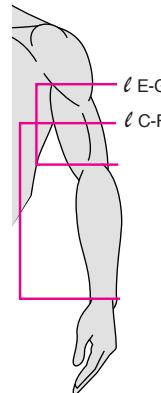
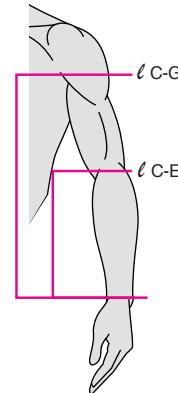


Arm measurement Lengths

Left in cm.	Right in cm.
l C-G	
l E-G	
l C-F	
l C-E	

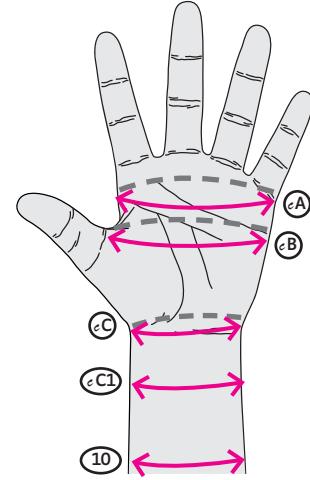
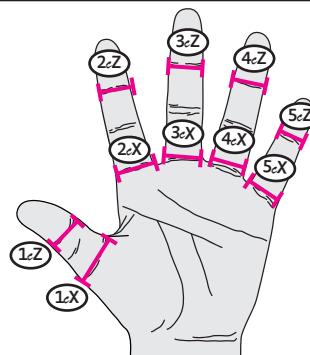
*Only lC-E and lC-G required for standard arm sleeve. Other measurements only needed for partial arm sleeves depending on sleeve end point.

Please measure the length on the inside of the arm in a straight line.



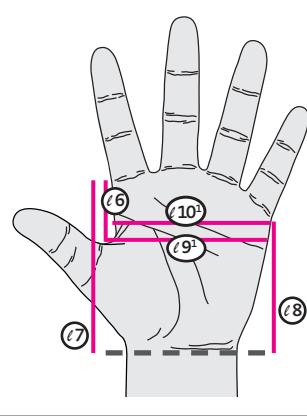
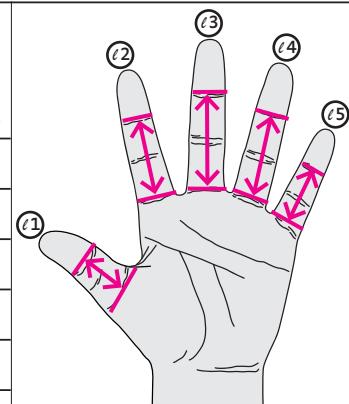
Hand measurement Circumferences

Left in cm.	Right in cm.
1cz	
2cz	
3cz	
4cz	
5cz	
1cx	
2cx	
3cx	
4cx	
5cx	
cA	
cB Palm	
cC Wrist	
cC1*	
10*	



Hand measurement Lengths

Left in cm.	Right in cm.
l1	
l2	
l3	
l4	
l5	
l6	
l7	
l8	
l9 ¹	
l10 ¹	



*C1 and 10 required for extended wrist band on glove. 10 = 10 cm above C (wrist) measurement.

¹When measuring these points, press the palm flat on top of the measuring tape on a hard flat surface and measure the widths from the lateral edges of the hand.