

Velcro Compression Prescription and Measurement Form

Patient: _____

DOB: ___/___/___

Phone: (____) _____

RX

Velcro Compression System

Right

Left

Bilateral

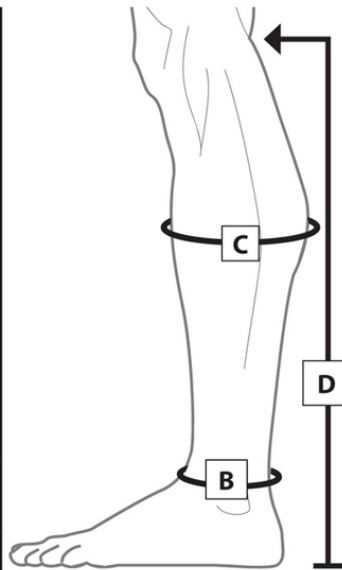
Physician Name: _____

Physician Signature: _____

Date: _____

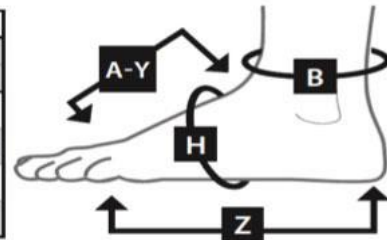
Patient should be standing when taking measurements. Limbs should be at their smallest; limb size should be maintained at time of measurements to assure a proper fit of garment.

JUXTA-LITE™ SIZE CHART		
SIZE	CIRCUMFERENCE MEASUREMENT	
	B	C
SMALL	19-22cm	26-36cm
MEDIUM	22-27cm	33-44cm
MEDIUM FULLCALF	22-27cm	44-54cm
LARGE	25-32cm	41-51cm
LARGE FULLCALF	25-32cm	51-61cm
XL	30-37cm	37-48cm
XL FULLCALF	30-37cm	48-61cm
XXL	35-42cm	53-64cm
LENGTH MEASUREMENT	SIZE	
	SHORT	LONG
D	under 44cm	over 44cm



Measurements		
	LEFT	RIGHT
B	_____	_____
C	_____	_____
D	_____	_____
QTY	_____	_____
Size	_____	_____

JUXTA-LITE™ STANDARD ANKLE-FOOT WRAP (AFW) SIZE CHART		
LANDMARK MEASURING POINTS	SIZE	
	S	M
B ankle circumference around malleoli	< 36cm	< 36cm
H arch circumference	19-24cm	24-29cm
A-Y length from base of great toe to where foot meets ankle	> 9cm	> 9cm
Z length from base of toes to back of heel	> 16cm	> 16cm



A-Y _____ Z _____ H _____ B _____

Please fax a face sheet and notes from the last visit to 800.483.1656