

Patient Name

Measured By

Date

Clinic/DME

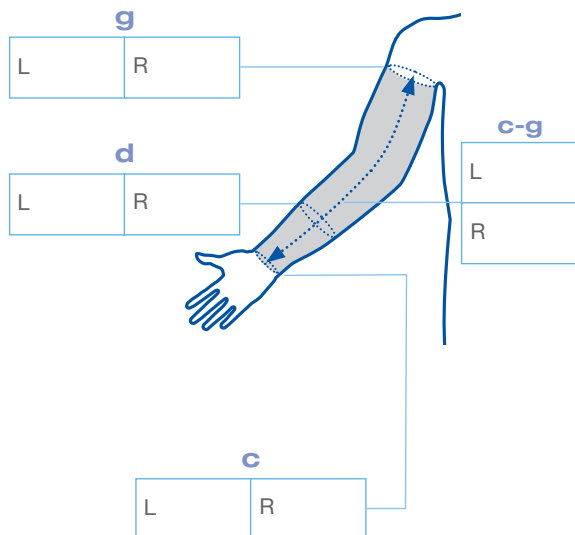
Purchase Order No.

Billing Address

Shipping Address

F-CWU ver.01

## Comfiwave® Sleeve



## COMPRESSION

15-21mmHg ■

## QUANTITY

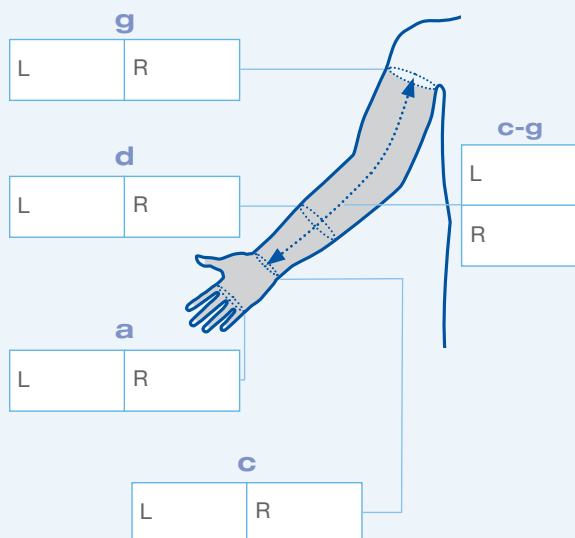
Circumference cm

	<b>S</b> <input type="checkbox"/>	<b>M</b> <input type="checkbox"/>	<b>L</b> <input type="checkbox"/>
<b>g</b> AXILLA	25 - 30	30 - 40	40 - 50
<b>d</b> MID-POINT OF FOREARM	23 - 26	26 - 30	30 - 38
<b>c</b> WRIST	13 - 18	18 - 22	22 - 28

Length cm

	<b>SHORT</b> <input type="checkbox"/>	<b>REGULAR</b> <input type="checkbox"/>
<b>c-g</b> WRIST TO AXILLA	36 - 42	40 - 46

## Comfiwave® Sleeve with Mitten



## COMPRESSION

15-21mmHg ■

## QUANTITY

Circumference cm

	<b>S</b> <input type="checkbox"/>	<b>M</b> <input type="checkbox"/>	<b>L</b> <input type="checkbox"/>
<b>g</b> AXILLA	25 - 30	30 - 40	40 - 50
<b>d</b> MID-POINT OF FOREARM	23 - 26	26 - 30	30 - 38
<b>c</b> WRIST	13 - 18	18 - 22	22 - 28
<b>a</b> PALM AT BASE FOR FINGERS	16 - 22	18 - 24	20 - 26

Length cm

	<b>SHORT</b> <input type="checkbox"/>	<b>REGULAR</b> <input type="checkbox"/>
<b>c-g</b> WRIST TO AXILLA	36 - 42	40 - 46



## Comfiwave® Sleeve

	SHORT		REGULAR	
<b>S</b>	CW1-CG2S	■	CW1-CG2R	■
<b>M</b>	CW1-CG3S	■	CW1-CG3R	■
<b>L</b>	CW1-CG4S	■	CW1-CG4R	■

## Comfiwave® Sleeve with Mitten

	SHORT		REGULAR	
<b>S</b>	CW1-AH2S	■	CW1-AH2R	■
<b>M</b>	CW1-AH3S	■	CW1-AH3R	■
<b>L</b>	CW1-AH4S	■	CW1-AH4R	■