

Patient Name

Measured By

Date

Clinic/DME

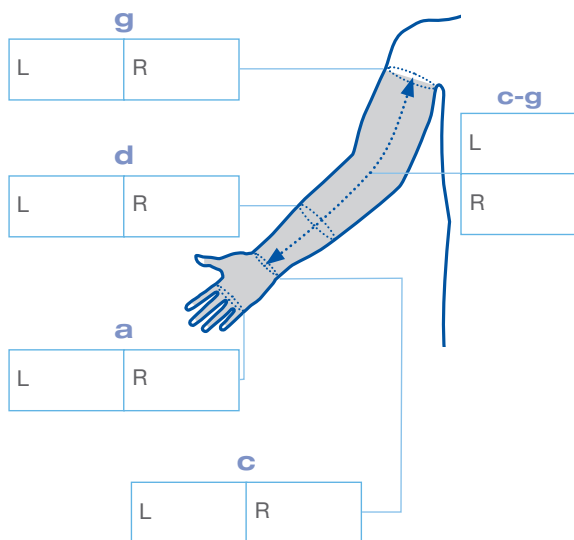
Purchase Order No.

Billing Address

Shipping Address

F-CWG.ver.01

## Comfiwave® Glove to Axilla



## 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

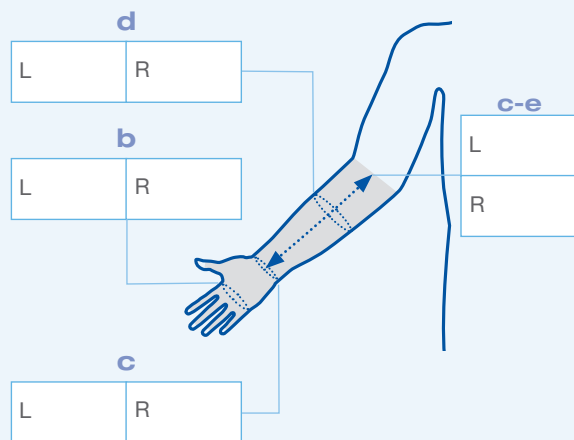
Length cm

**SHORT** ☐**REGULAR** ☐**c-g** WRIST TO AXILLA

36 - 42

40 - 46

## Comfiwave® Glove to Elbow



## COMPRESSION

15-21mmHg ■

## QUANTITY

Circumference cm

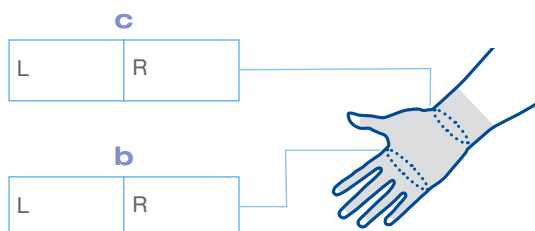
	<b>S</b> <input type="checkbox"/>	<b>M</b> <input type="checkbox"/>	<b>L</b> <input type="checkbox"/>
<b>b</b> BASE OF THUMB WEBBING	17 - 22	20 - 25	23 - 28
<b>c</b> WRIST	14 - 20	16 - 24	22 - 28
<b>d</b> MID - POINT OF FOREARM	23 - 28	26 - 32	30 - 38

Length cm

**REGULAR** ☐**c-e** WRIST TO ELBOW

20 - 24

## Comfiwave® Glove



## 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>b</b> BASE OF THUMB	17 - 22	20 - 25	23 - 28
<b>c</b> WRIST	14 - 20	16 - 24	22 - 28

