

CIRCAID

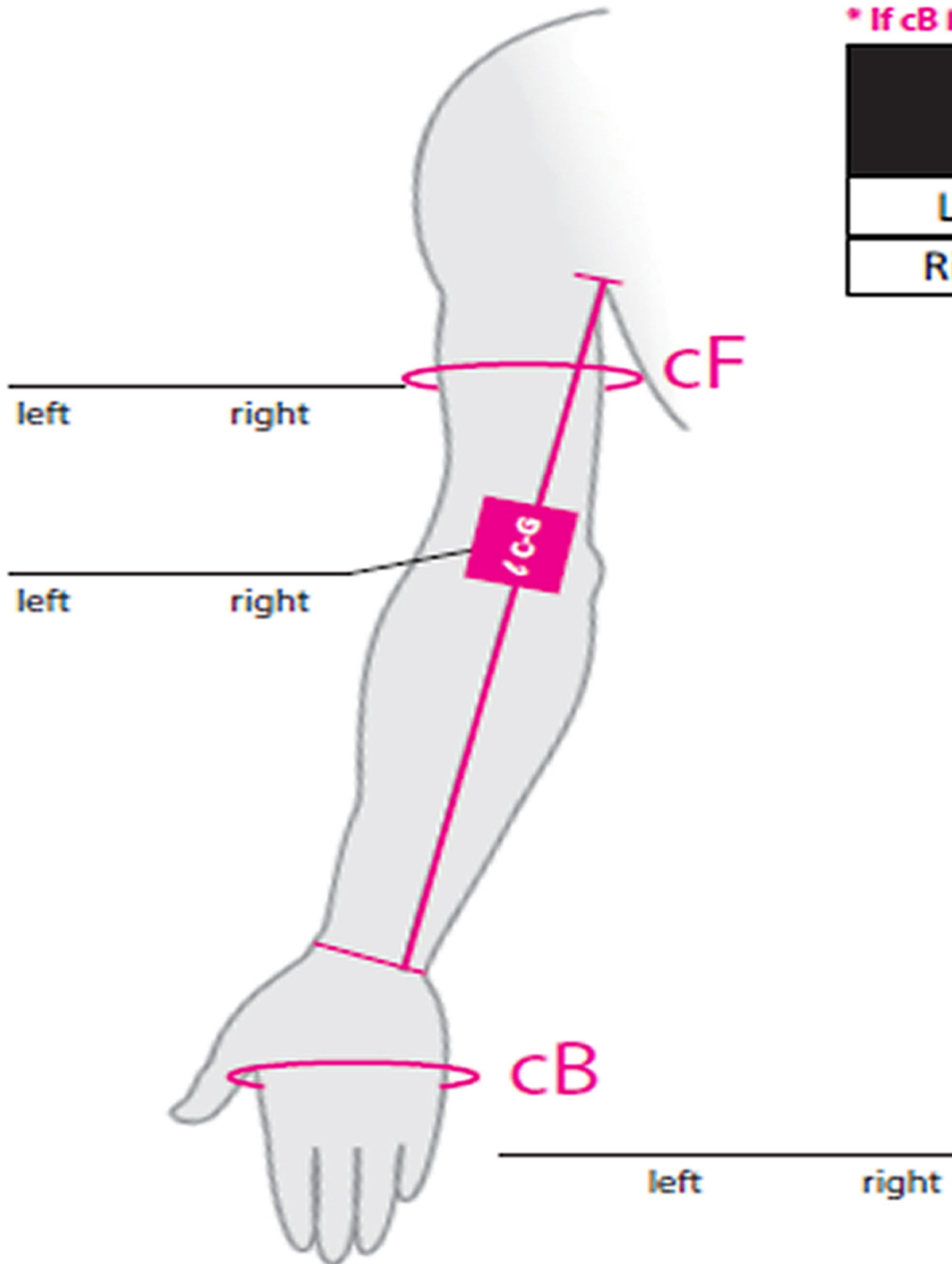


Customer Name _____ Customer No. _____ Purchase Order No. _____ Fax _____
 Billing Address _____ Patient Name _____
 Shipping Address _____ Order Date _____ Measured By _____
 Telephone _____ Email _____ Shipping Method _____
 Credit Card Info _____

arm kit: Check the box next to the corresponding length and width.

*** If cB is > 25cm hand wrap will not fit, though reduction arm component may still be used.**

	Length		Width		Quantity
	Standard	Long	Regular	Wide	
Left	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Right	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



Each arm kit includes:

- 1 reduction arm component
- 1 pair undersleeve arm
- 1 customizable hand wrap
- 1 Built-In-Tension guide card
- 1 paper measuring tape
- 1 direction for use

additional ancillary items:

undersleeve arm standard Standard <50cm max circ. Quantity (Each)	undersleeve arm wide Wide <80cm max circ. Quantity (Each)	reduction kit shelf strap Quantity (Each)