CIRCAID

Circaid Custom Leg Garment Measurement Form

Adaptive Direct

Date: ___/___/____ Patient Name: _____ Therapist Name: _____

Ship to: _____

juxtafit® premium	Qty Left	Qty Right	Lateral rise (oblique)	Add pull tabs
Lower leg			☐No rise **(default)** ☐5cm ☐10cm	
Lower leg w/knee				
Knee only				
Upper leg			☐Yes **(default)** ☐No	
Upper leg w/knee			☐Yes **(default)** ☐No	
Whole leg			☐Yes **(default)** ☐No	

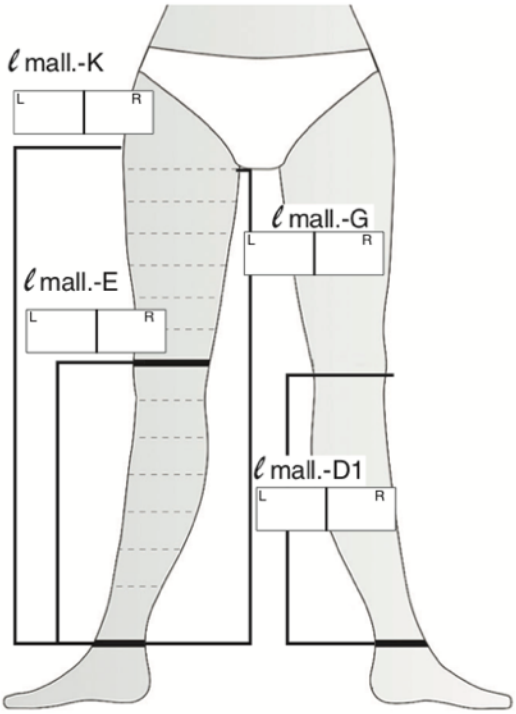
Foot options - choose one	Cover up color
Standard foot options ☐pac band™ **(default)** - compression anklets included ☐single band afw™ ☐juxtafit premium interlocking afw ☐juxtafit premium afw ☐customizable interlocking afw **Custom foot options** ☐juxtafit premium afw ☐attached ☐separate	☐black **(default)** ☐beige **Additional Options** Extra Pair Undersleeves *(open ended)*: Lower Leg / Whole Leg Beige ____ ____ Silver ____ ____ Extra Pair Undersocks *(close ended)*: Lower Leg / Whole Leg Beige ____ ____ Silver ____ ____ Cotton Terry ____ ____

graduate™	Qty Left	Qty Right	Boot style	Foam lateral rise (oblique)	Band locks	Hard sole boot	Foam liner closure	Foam liner color options
Lower leg with boot			☐attached **(default)** ☐separate					**Interior** ☐beige * ☐red ☐turquoise **Exterior** ☐black* ☐beige ☐red ☐turquoise ** default*
Lower leg without boot								
Whole leg with boot			☐attached **(default)** ☐separate					
Whole leg without boot								
Boot only								
			Foam pad accessory: _____cm x _____cm (max. 20cm x 20cm)					

Please take measurements without tension!

Leg measurement Circumferences

Left in cm.		Right in cm.
	85	
	80	
	75	
	70	
	65	
	60	
	55	
	50	
	45	
	40	
	35	
	30	
	25	
	20	
	15	
	10	
	05	
	c mall	
	cE*	

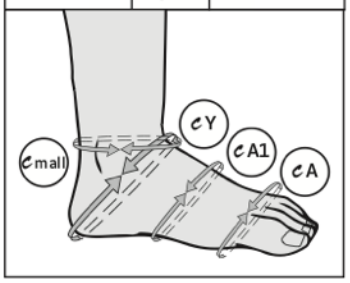


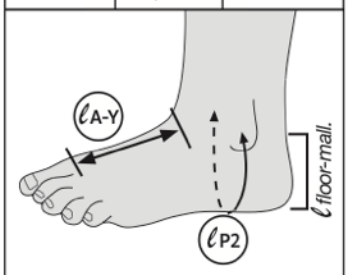
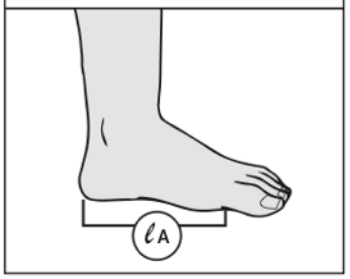
Measurements must be every 5cm from the starting point at the malleolus.

*E = center of patella

Foot measurement Circumferences

Left in cm.		Right in cm.
	cmall.	
	cy	
	cA1	
	cA	



Foot measurement Lengths

Left in cm.		Right in cm.
	ℓP2	
	ℓfloor-mall.	
	ℓA - Y	
	ℓA