

Patient Name

Measured By

Date

Clinic/DME

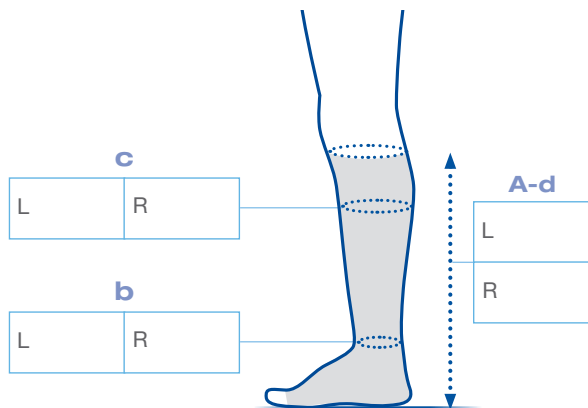
Purchase Order No.

Billing Address

Shipping Address

F-CWL ver.01

## Comfiwave® Below Knee



## COMPRESSION

15-21mmHg ■

## QUANTITY

Circumference cm

**c** WIDEST CALFS ☐M ☐L ☐XL ☐

25 - 32

30 - 38

36 - 46

44 - 56

**b** ANKLE

17 - 22

20 - 26

22 - 30

27 - 35

Length cm

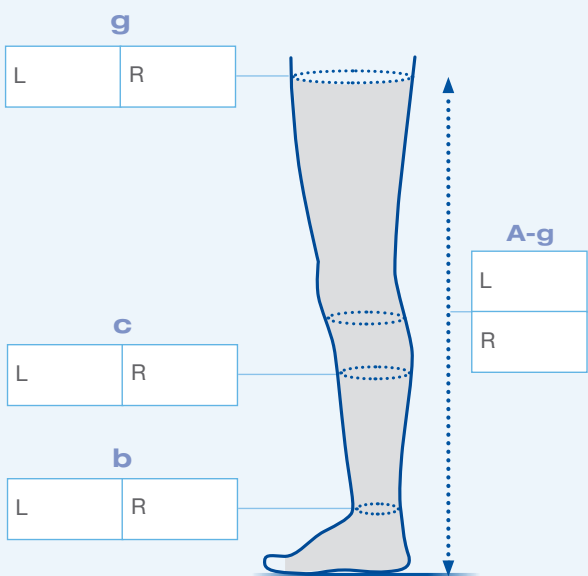
SHORT ☐REGULAR ☐LONG ☐**A-d** FLOOR TO BELOW KNEE

32 - 37

37 - 42

42 - 48

## Comfiwave® Thigh High



## COMPRESSION

15-21mmHg ■

## QUANTITY

Circumference cm

**g** THIGH TOPS ☐M ☐L ☐XL ☐XXL ☐

40 - 48

46 - 56

54 - 65

62 - 75

72 - 92

**c** WIDEST CALF

25 - 32

30 - 38

36 - 46

44 - 56

52 - 64

**b** ANKLE

17 - 22

20 - 26

22 - 30

27 - 35

27 - 35

Length cm

SHORT ☐REGULAR ☐LONG ☐**A-g** FLOOR TO THIGH TOP

64 - 70

70 - 77

77 - 84

## Comfiwave® Toecap



## COMPRESSION

15-21mmHg ■

## QUANTITY

Circumference cm

**a** BALL OF FOOTM ☐L ☐

20 - 27

26 - 34



|                 |                    |      |
|-----------------|--------------------|------|
| Patient Name    | Measured By        | Date |
| Clinic/DME      | Purchase Order No. |      |
| Billing Address | Shipping Address   |      |

## Comfiwave® Below Knee

|           | SHORT    | REGULAR  | LONG     |
|-----------|----------|----------|----------|
| <b>S</b>  | CW1-AD2S | CW1-AD2R | CW1-AD2L |
| <b>M</b>  | CW1-AD3S | CW1-AD3R | CW1-AD3L |
| <b>L</b>  | CW1-AD4S | CW1-AD4R | CW1-AD4L |
| <b>XL</b> | CW1-AD5S | CW1-AD5R | CW1-AD5L |

## Comfiwave® Thigh High

|            | SHORT    | REGULAR  | LONG     |
|------------|----------|----------|----------|
| <b>S</b>   | CW1-AG2S | CW1-AG2R | CW1-AG2L |
| <b>M</b>   | CW1-AG3S | CW1-AG3R | CW1-AG3L |
| <b>L</b>   | CW1-AG4S | CW1-AG4R | CW1-AG4L |
| <b>XL</b>  | CW1-AG5S | CW1-AG5R | CW1-AG5L |
| <b>XXL</b> | CW1-AG6S | CW1-AG6R | CW1-AG6L |

## Comfiwave® Toecap

|          | REGULAR |
|----------|---------|
| <b>M</b> | CW1-ZA3 |
| <b>L</b> | CW1-ZA4 |