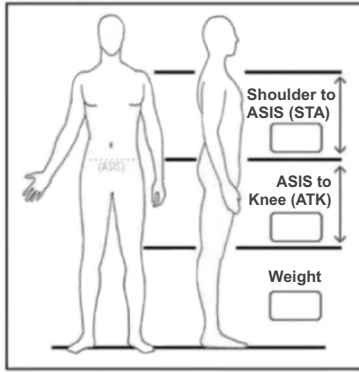


TheraTogs Measurement Guide

Sizing Guidelines



PEDIATRICS	Size Group	Weight (Lbs)	Max STA (In.)	Max ATK (In.)	PTA System	Full Body System	Lower Extremity System	Wrist & Thumb System	
	Infant	15 - 25	10½	9¾	<input type="checkbox"/> GPTA110	<input type="checkbox"/> GFB100	<input type="checkbox"/> GLE101	(Left)	(Right)
Pre-School	25 - 45	13½	11¾	<input type="checkbox"/> GPTA210	<input type="checkbox"/> GFB200	<input type="checkbox"/> GLE201	<input type="checkbox"/> GWT307L	<input type="checkbox"/> GWT307R	
Pediatric	45 - 65	15	18½	<input type="checkbox"/> GPTA310	<input type="checkbox"/> GFB300	<input type="checkbox"/> GLE301	<input type="checkbox"/> GWT317L	<input type="checkbox"/> GWT317R	
Pre-Teen/Small Adult	65 - 110	17½	20¾	<input type="checkbox"/> GPTA410	<input type="checkbox"/> GFB400	<input type="checkbox"/> GLE401			
ADULT	Female Med	110 - 170	20½	23¾	<input type="checkbox"/> GPTA610	<input type="checkbox"/> GFB600	<input type="checkbox"/> GLE601		
	Female Large	170 - 200	22¾	26¾	<input type="checkbox"/> GPTA620	<input type="checkbox"/> GFB620	<input type="checkbox"/> GLE621		
	Male Med	110 - 170	19¾	23¾	<input type="checkbox"/> GPTA710	<input type="checkbox"/> GFB700	<input type="checkbox"/> GLE701		
	Male Large	170 - 190	22½	26¾	<input type="checkbox"/> GPTA720	<input type="checkbox"/> GFB720	<input type="checkbox"/> GLE721		



Wunzi Torso Length



Customer Info

WUNZI	Size Name	Age	Weight (lbs)	Torso Length	Belly Girth	Wunzi Model #
	Wunzi XX-Small	0 - 3 mo.	7 - 12	40 cm	40 cm	<input type="checkbox"/> GWZ25
	Wunzi X-Small	3 - 6 mo.	12 - 17	50 cm	44 cm	<input type="checkbox"/> GWZ50
	Wunzi Small	6 - 12 mo.	17 - 18	55 cm	46 cm	<input type="checkbox"/> GWZ75
	Wunzi Medium	12 - 18 mo.	18 - 21	60 cm	50 cm	<input type="checkbox"/> GWZ100
	Wunzi Large	18 - 24 mo.	21 - 26	68 cm	54 cm	<input type="checkbox"/> GWZ125
	Limb Kit, Small	0 -12 mo.	1 to 18			<input type="checkbox"/> GWZLKS
	Limb Kit, Large	12 - 24 mo.	18 to 26			<input type="checkbox"/> GWZLKL

Client Last Name /Client ID

PO #

HCPCS Code:

Customer Contact: _____

Company: _____

Billing Address: _____

Shipping Address: _____

Billing City/State/Zip: _____

Shipping City/State/Zip: _____

**Adult sizes are available on a special order basis; some delays in shipping may occur.*

Note: Please verify the measurements of the product, to ensure proper fitting for the client and adequate space availability in the user environment. medicaleshop will not be responsible for incorrect measurements/fitting and inadequate space availability in the user environment.

Need help with measurements, Please call us...

Medicaleshop Inc.

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