

Made to Measure Lower Extremity Sleeve

INSTRUCTIONS: MEASURE THE CIRCUMFERENCE OF THE ARM USING A STANDARD MEASURING TAPE. BE SURE TO FILL IN ALL MEASUREMENTS . (#1 through #9)

NOTE: Please indicate in proper anatomical area below, any additional unusual measurements pertinent to the fitting. When measuring patients please write the exact measurements on this form below. The additional inches/centimeters for the proper fit will be added by production personnel at Bio Compression when manufacturing garments. *Thank you!*

TYPE OF MEASUREMENTS:

CENTIMETERS

TYPE OF SLEEVE:

4-CHAMBER 8-CHAMBER

THIGH BELOW CROTCH

1. ()

MID THIGH

2. ()

KNEECAP

3. ()

MID CALF

4. ()

ANKLE

5. ()

ARCH (INSTEP)

6. ()

LENGTH OF LEG FROM
HEEL TO CROTCH

7. ()

NOTE: In cases when an abrupt change in width (circumference) occurs, ie: a "Flap" or "Roofing", etc., draw a vertical and horizontal line (see # 7 & # 8) indicating length from heel to specific point.

HALF LEG
LENGTH FROM CENTER OF
KNEECAP TO HEEL

8. ()

LENGTH OF FOOT

9. ()

Order to MEDIS via fax: 021 982 8311 or email: orders@medismedical.com

Patient Name:							
Customer Name:			Tel:				
Email:							
Order Quality:		Pump:		4 Chamber		8 Chamber	
Special Instructions:							
Date:		Signature:					