



INSTRUCTIONS: MEASURE THE CIRCUMFERENCE OF THE LEG USING A STANDARD MEASURING TAPE.

NOTE: 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. Please indicate in proper anatomical area below, any additional unusual measurements pertinent to the fitting.

TYPE OF MEASUREMENTS:

INCHES CENTIMETERS

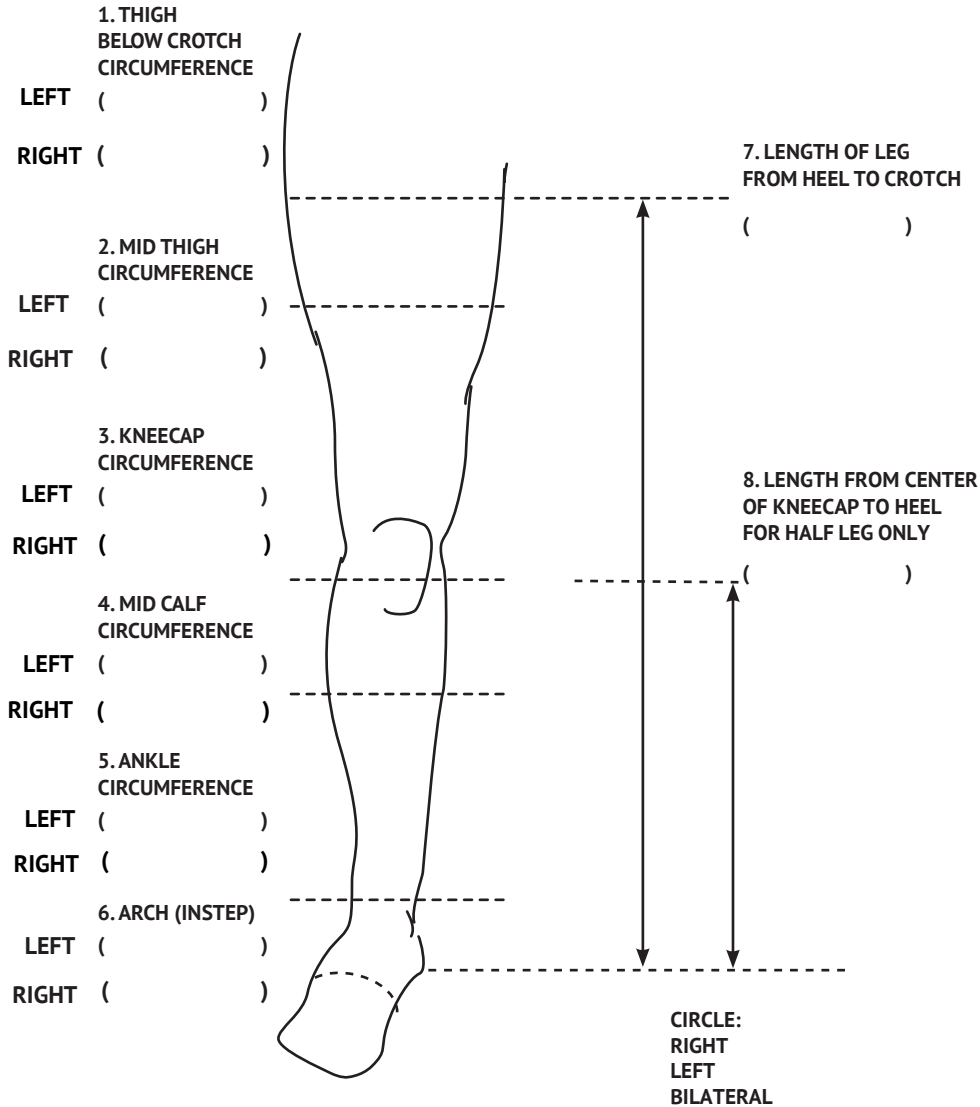
TYPE OF SLEEVE:

4-CHAMBER 8-CHAMBER

HEIGHT _____

WEIGHT _____

Sleeve Order Form Lower Extremity



Patient Name _____ Left _____ Right _____ Bilateral _____

Phone # _____ E-mail: _____

Special Physical Characteristics _____