



**TYPE OF MEASUREMENTS:** 

INCHES CENTIMETERS

PHONE: 800-883-1549 FAX: 800-886-4201

HEIGHT \_\_\_

WEIGHT \_\_\_\_\_

EMAIL: info@midwestcompression.com

## 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 SLEEVE:** 

4-CHAMBER 8-CHAMBER

LEFT RIGHT		1	7. LENGTH OF LEG FROM HEEL TO CROTCH
		·	
LEFT RIGHT	` \	-	( )
LEFT RIGHT			8. LENGTH FROM CENTER OF KNEECAP TO HEEL FOR HALF LEG ONLY
Right	4. MID CALF CIRCUMFERENCE		( )
LEFT	( )		
RIGHT	( )	· <del>-</del>	
LEFT RIGHT	`		
LEFT	· · · · · · · · · · · · · · · · · · ·	↓ ,	,
RIGHT		CIRCLE RIGHT LEFT BILATE	
Patient Name		Left Right	Bilateral
Phone #	E-m	ail:	
Special Physical Characteristics			