



PHONE: 201-939-0716  
 800-888-0908 / FAX: 201-939-4503  
 www.biocompression.com

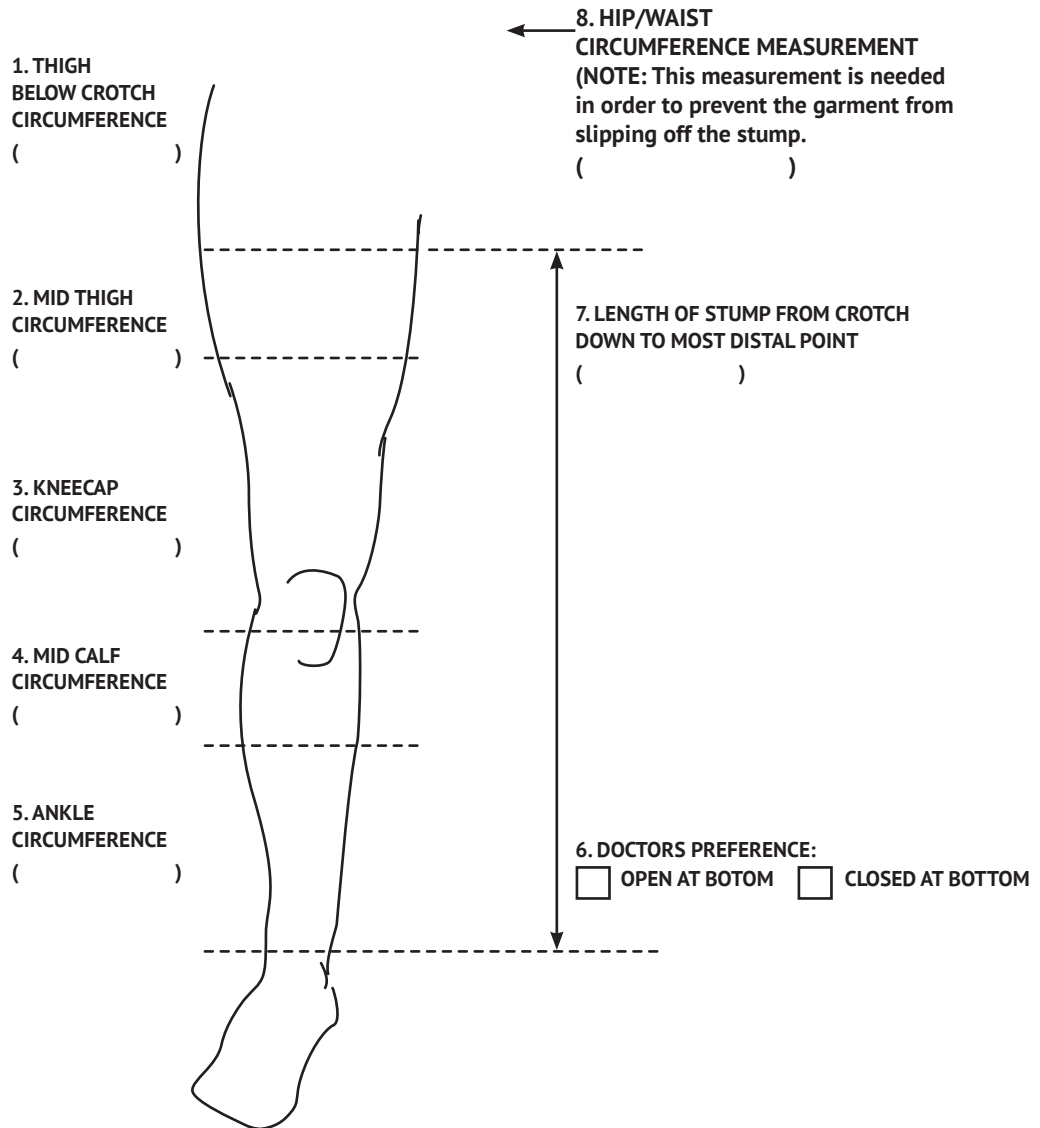
**INSTRUCTIONS: MEASURE THE CIRCUMFERENCE OF THE LEG USING A STANDARD MEASURING TAPE.**  
**NOTE:** When measuring patients please write the exact measurements on this form below. The additional inches/centimeters for the proper fit will be added by production personnel at Bio Compression. Please indicate in proper anatomical area below, any additional unusual measurements pertinent to the fitting.

**ONLY AVAILABLE  
 IN 4 CHAMBERS**

**TYPE OF MEASUREMENTS:**

INCHES  CENTIMETERS  LEFT LEG  RIGHT LEG

# Custom Amputee Sleeve Order Form



Qty Ordered \_\_\_\_\_ Ordered by \_\_\_\_\_ P.O.# \_\_\_\_\_ Pump \_\_\_\_\_

Company Name

Authorized Person \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Phone # \_\_\_\_\_ E-mail: \_\_\_\_\_

Special Physical Characteristics \_\_\_\_\_