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Custom Sleeve Order Form Bio Abdominal

**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  LEFT LEG  RIGHT LEG

1. THIGH  
BELOW CROTCH  
CIRCUMFERENCE

R=( )

L=( )

2. MID THIGH  
CIRCUMFERENCE

R=( )

L=( )

3. KNEECAP  
CIRCUMFERENCE

R=( )

L=( )

4. MID CALF  
CIRCUMFERENCE

R=( )

L=( )

5. ANKLE  
CIRCUMFERENCE

R=( )

L=( )

6. ARCH (INSTEP)

R=( )

L=( )

8. LENGTH OF LEG  
FROM HEEL TO  
CROTCH

R=( )

L=( )

7. LENGTH OF FOOT

R=( )

L=( )

9. BELLY CIRCUMFERENCE

( )

10. WAIST CIRCUMFERENCE

( )

11. HIP CIRCUMFERENCE

( )

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

Company Name

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

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

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