



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.

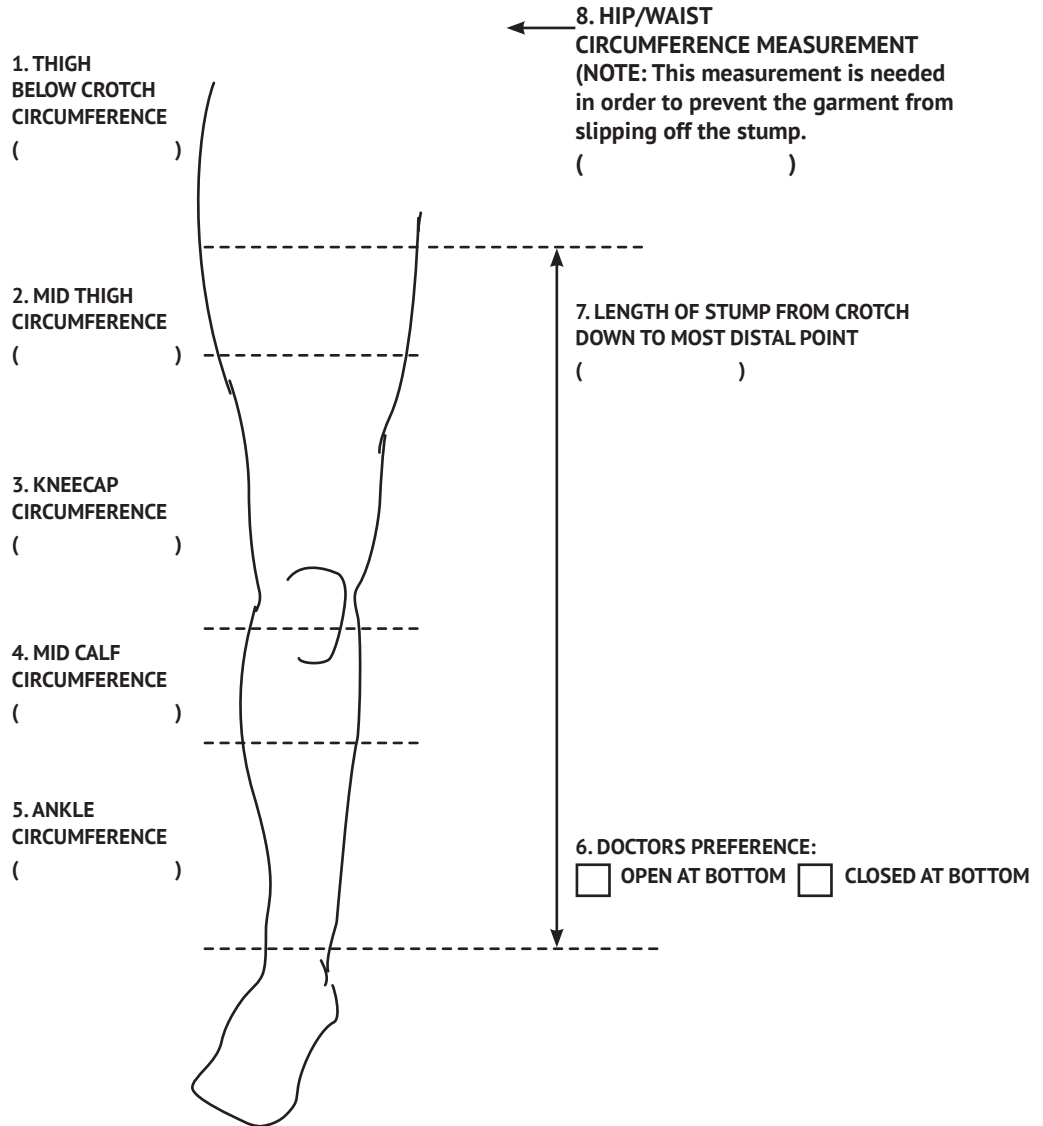
NOTE: When measuring patients please write the exact measurements on this form below. The additional inches/centimeters for the proper fit will be added by production personnel at Bio Compression. Please indicate in proper anatomical area below, any additional unusual measurements pertinent to the fitting.

**ONLY AVAILABLE
 IN 4 CHAMBERS**

TYPE OF MEASUREMENTS:

INCHES CENTIMETERS LEFT LEG RIGHT LEG

Custom Amputee Sleeve Order Form



Patient's: Height _____ / Weight _____

Qty Ordered _____ Ordered by _____ P.O.# _____ Pump _____
Company Name

Authorized Person _____ Signature _____ Date ___/___/___

Phone # _____ E-mail: _____

Special Physical Characteristics _____