

Custom Sleeve Order Form Bio Pants

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

No measurement can exceed 52"/132

Centimeters in circumference.

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=()

7. LENGTH OF FOOT

R=()

L=()

8. LENGTH OF LEG
FROM HEEL TO
CROTCH

R=()

L=()

9. LENGTH FROM
CENTER OF
KNEECAP TO HEEL

R=()

L=()

10. UPPER ABDOMEN LENGTH FROM
TOP OF ABDOMEN TO CROTCH

()

NOTE: This is a STRAIGHT VERTICAL measurement. It is best to measure the patient from the side at the top of the thigh to the upper abdomen.

11. RIB
CIRCUMFERENCE

()

12. BELLY
CIRCUMFERENCE

()

13. WAIST
CIRCUMFERENCE

()

14. HIP
CIRCUMFERENCE

()

Patient's: Height _____ / Weight _____

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

Authorized Person _____ Signature _____ Date ____/____/____

Phone # _____ E-mail: _____

Special Physical Characteristics _____