

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

No measurement can exceed 52"/132 Centimeters for 8 chamber garments in the circumference of the legs.

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

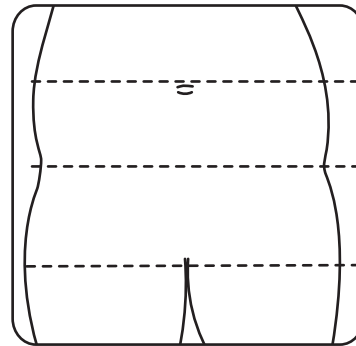
R=()

L=()

8. LENGTH OF LEG
FROM HEEL TO
CROTCH

R=()

L=()



9. BELLY CIRCUMFERENCE
()

10. WAIST CIRCUMFERENCE
()

11. 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 _____