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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 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. 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

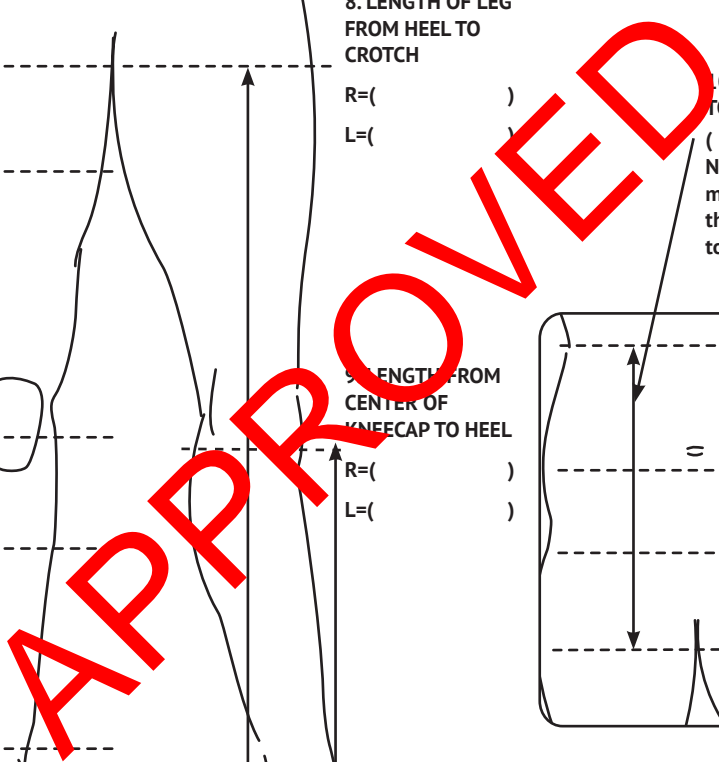
()

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 _____