



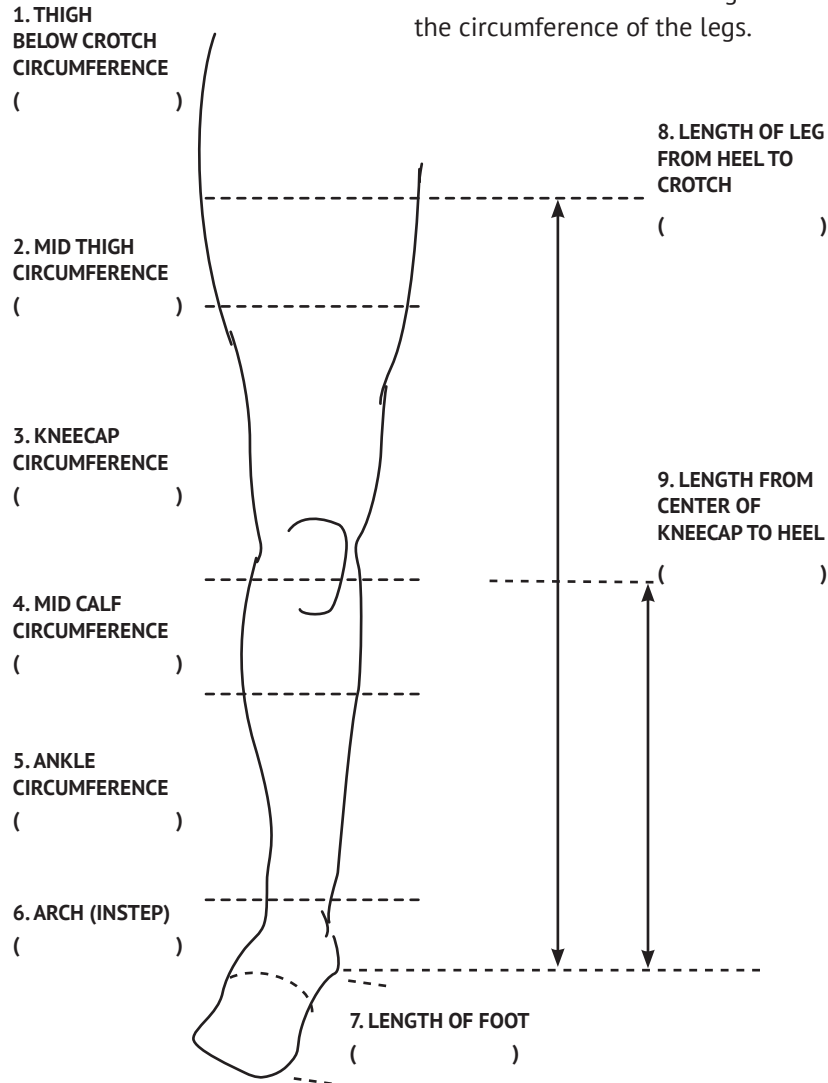
PHONE: 201-939-0716
 800-888-0908 / FAX: 201-939-4503
 www.biocompression.com

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.

Custom Sleeve Order Form Lower Extremity

TYPE OF MEASUREMENTS:
 INCHES CENTIMETERS

TYPE OF SLEEVE:
 4-CHAMBER 8-CHAMBER
 No measurement can exceed 52"/132
 Centimeters for 8 chamber garments in
 the circumference of the legs.



Patient's: Height _____ / Weight _____

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

Authorized Person _____ Signature _____ Date ____/____/____

Phone # _____ E-mail: _____

Special Physical Characteristics _____