

INSTRUCTIONS: MEASURE THE CIRCUMFERENCE OF THE LEG USING A STANDARD MEASURING TAPE. BE SURE TO FILL IN ALL MEASUREMENTS. (#1 through #12)

NOTE: Please indicate in proper anatomical area below, any additional unusual measurements pertinent to the fitting. 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 when manufacturing garments. Please send pictures if possible, it helps in the design of the pants.

Custom Sleeve Order Form Bio Pants

UPPER ABDOMEN
(MEASURE CIRCUMFERENCE AROUND)

10. ()

LOWER WAIST
(MEASURE CIRCUMFERENCE AROUND)

11. ()

THIGH BELOW CROTCH

1. (L R)

MID THIGH

2. (L R)

KNEECAP

3. (L R)

MID CALF

4. (L R)

ANKLE

5. (L R)

ARCH (INSTEP)

6. (L R)

Maximum size at torso is
100" in/254cm circumference

Maximum size per
leg is 50" in/127cm
circumference

TYPE OF MEASUREMENTS:

INCHES CENTIMETERS

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.

9. ()

LENGTH OF LEG FROM
HEEL TO CROTCH

8. (L R)

LENGTH FROM
CENTER OF
KNEECAP TO HEEL

7. (L R)

NOTE: In cases when an abrupt change in width (circumference) occurs, i.e.: a "Flap", "Roofing", etc., draw a vertical and horizontal line (see #7 & #8) indicating length from heel to specific point.

LENGTH OF FOOT

12. (L R)

Qty Ordered _____ Ordered by VasoCare, LLC P.O.# _____ Pump _____

Company Name

Authorized Person _____ Signature _____ Date ____/____/____

Phone # _____ E-mail: _____

Special Instructions/Ship to: _____