

## Custom Sleeve Order Form Lower Extremity

**INSTRUCTIONS: MEASURE THE CIRCUMFERENCE OF THE LEG USING A STANDARD MEASURING TAPE. BE SURE TO FILL IN ALL MEASUREMENTS. (#1 through #9)**

**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. *Thank you!*

**TYPE OF MEASUREMENTS:**

INCHES    CENTIMETERS

**TYPE OF SLEEVE:**

4-CHAMBER    8-CHAMBER

THIGH BELOW CROTCH

1. (      )

MID THIGH

2. (      )

KNEECAP

3. (      )

MID CALF

4. (      )

ANKLE

5. (      )

ARCH (INSTEP)

6. (      )

LENGTH OF LEG FROM  
HEEL TO CROTCH

7. (      )

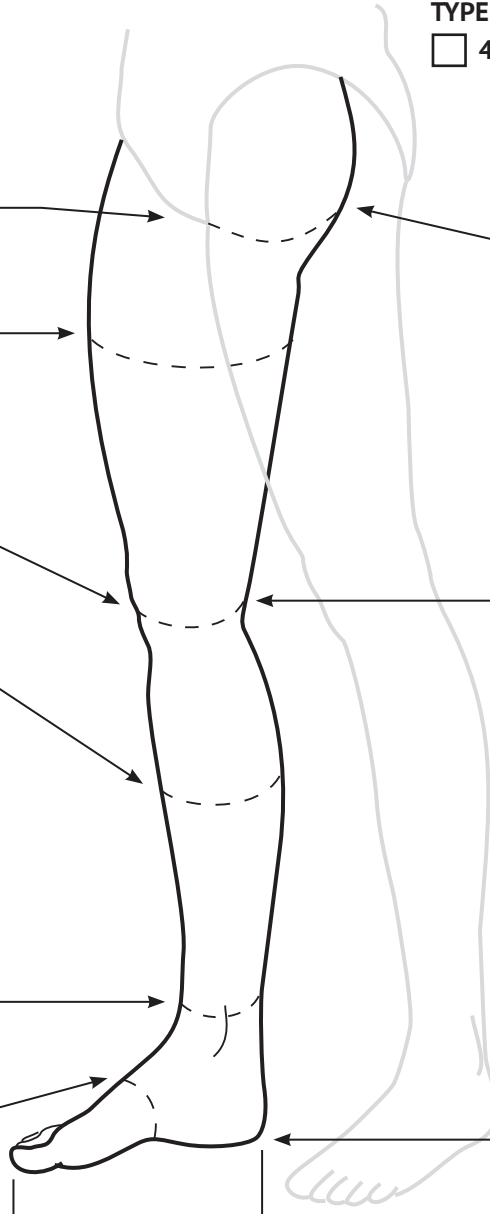
**NOTE:** In cases when an abrupt change in width (circumference) occurs, ie: a "Flap", "Roofing"; etc., draw a vertical and horizontal line (see #7 & #8) indicating length from heel to specific point.

HALF LEG  
LENGTH FROM CENTER OF  
KNEECAP TO HEEL

8. (      )

LENGTH OF FOOT

9. (      )



Qty Ordered \_\_\_\_\_ Ordered by VasoCare, LLC P.O.# \_\_\_\_\_ Pump \_\_\_\_\_

Company Name

Authorized Person \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone # \_\_\_\_\_ E-mail: \_\_\_\_\_

Special Instructions \_\_\_\_\_