

INSTRUCTIONS: MEASURE THE CIRCUMFERENCE OF THE LEG USING A STANDARD MEASURING TAPE. BE SURE TO FILL IN ALL MEASUREMENTS . (#1 through #8)

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!*

Custom Amputee Sleeve Order Form

**ONLY AVAILABLE
 IN 4 CHAMBERS**

TYPE OF MEASUREMENTS:

- INCHES
 CENTIMETERS

HIP/WAIST MEASUREMENT
 (NOTE: This measurement is needed in order to prevent the garment from slipping off the stump.)

THIGH BELOW CROTCH

1. ()

MID THIGH

2. ()

LOWER THIGH

3. ()

KNEECAP

4. ()

MID CALF

5. ()

ANKLE

6. ()

8. ()

LENGTH OF STUMP
 FROM CROTCH DOWN
 TO MOST DISTAL POINT

7. ()

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

Company Name

Authorized Person _____ Signature _____ Date ___/___/___

Phone # _____ E-mail: _____

Special Instructions _____