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!

ONLY AVAILABLE IN 4 CHAMBERS

THIGH BELOW CROTCH
1. ( )

MID THIGH
2. ( )

LOWER THIGH
3. ( )

KNEECAP
4. ( )

MID CALF
5. ( )

ANKLE
6. ( )

LENGTH OF STUMP FROM CROTCH DOWN TO MOST DISTAL POINT
7. ( )

8. ( )

TYPE OF MEASUREMENTS:
☐ INCHES
☐ CENTIMETERS

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