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

LENGTH OF ARM FROM AXILLA TO FINGERTIPS

1. ( ) AXILLA

2. ( ) BICEP

3. ( ) ELBOW

4. ( ) FOREARM

5. ( ) WRIST

6. ( ) PALM

7. ( ) MID JOINT

8. ( )

LENGTH FROM CENTER OF ELBOW TO FINGERTIPS

9. ( )

TYPE OF SLEEVE:
- [ ] 4–CHAMBER
- [ ] 8–CHAMBER

Qty Ordered ________ Ordered by ____________________________

VasoCare, LLC P.O.# ______________ Pump ______________

Authorized Person __________________________ Signature __________________________ Date ___/___/___

Phone # __________________________ E-mail: ________________________________________________

Special Instructions ______________________________________________________________________