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

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. ( )

LENGTH OF FOOT
9. ( )

HALF LEG LENGTH FROM CENTER OF KNEECAP TO HEEL
8. ( )

TYPE OF SLEEVE:
☐ 4–CHAMBER ☐ 8–CHAMBER

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!

Qty Ordered___________Ordered by__________________________P.O.#____________________Pump_____________
Authorized Person________________________Signature__________________________________ Date____/____/___
Phone #_____________________________________E-mail: ____________________________________________________
Special Instructions_____________________________________________________________________________________

Company Name
VasoCare, LLC
P.O.#____________________

6554 Florida Blvd, Suite 123
Baton Rouge, LA 70806
P 800-256-9979 F 866-455-5150
www.vasocare.com