STANDARD BIO PANTS
(OFF THE SHELF)

INSTRUCTIONS: MEASURE THE CIRCUMFERENCE OF THE LEG USING A STANDARD MEASURING TAPE. BE SURE TO FILL IN ALL MEASUREMENTS (#1 through #12).

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. Please send pictures if possible, it helps in the design of the pants.

Inches
Sm., M. L.
44, 48, 52

10. ( )

LOWER WAIST (MEASURE CIRCUMFERENCE AROUND)

44, 48, 52

11. ( )

THIGH BELOW CROTCH

30, 31, 35

1. (L R )

MID THIGH

29, 30, 34

2. (L R )

KNEECAP

28, 29, 32

3. (L R )

MID CALF

25, 26, 29

4. (L R )

ANKLE

21, 22, 24

5. (L R )

ARCH (INSTEP)

20, 20, 20

6. (L R )

LENGTH OF FOOT

12. (L R )

Maximum size at torso is 109” in/254 cm circumference

Maximum size per leg is 59” in/149 cm circumference

Type of Measurements:

□ Inches □ Centimeters

Upper Abdomen Length from Top of Abdomen to Crotch

NOTE: This is a straight vertical measurement. It is best to measure the patient from the side at the top of the thigh to the upper abdomen.

Inches
Sm., M. L.
14, 16, 18

28, 31, 34

Length from Center of Kneecap to Heel

DEFERRED

18, 20, 22

When an abrupt change in width (circumference) occurs, i.e. a "Flap", "Roof" draw a horizontal line (see #7 & 8) indicating length from heel to specific point.

Authorized Person ______________________________ Signature ______________________________ Date ____/____/____

Phone ______________________________ E-mail: ______________________________

Special Instructions ____________________________________________________________