

INSTRUCTIONS: MEASURE THE CIRCUMFERENCE OF THE LEG USING A STANDARD MEASURING TAPE.
NOTE: 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. Please indicate in proper anatomical area below, any additional unusual measurements pertinent to the fitting.

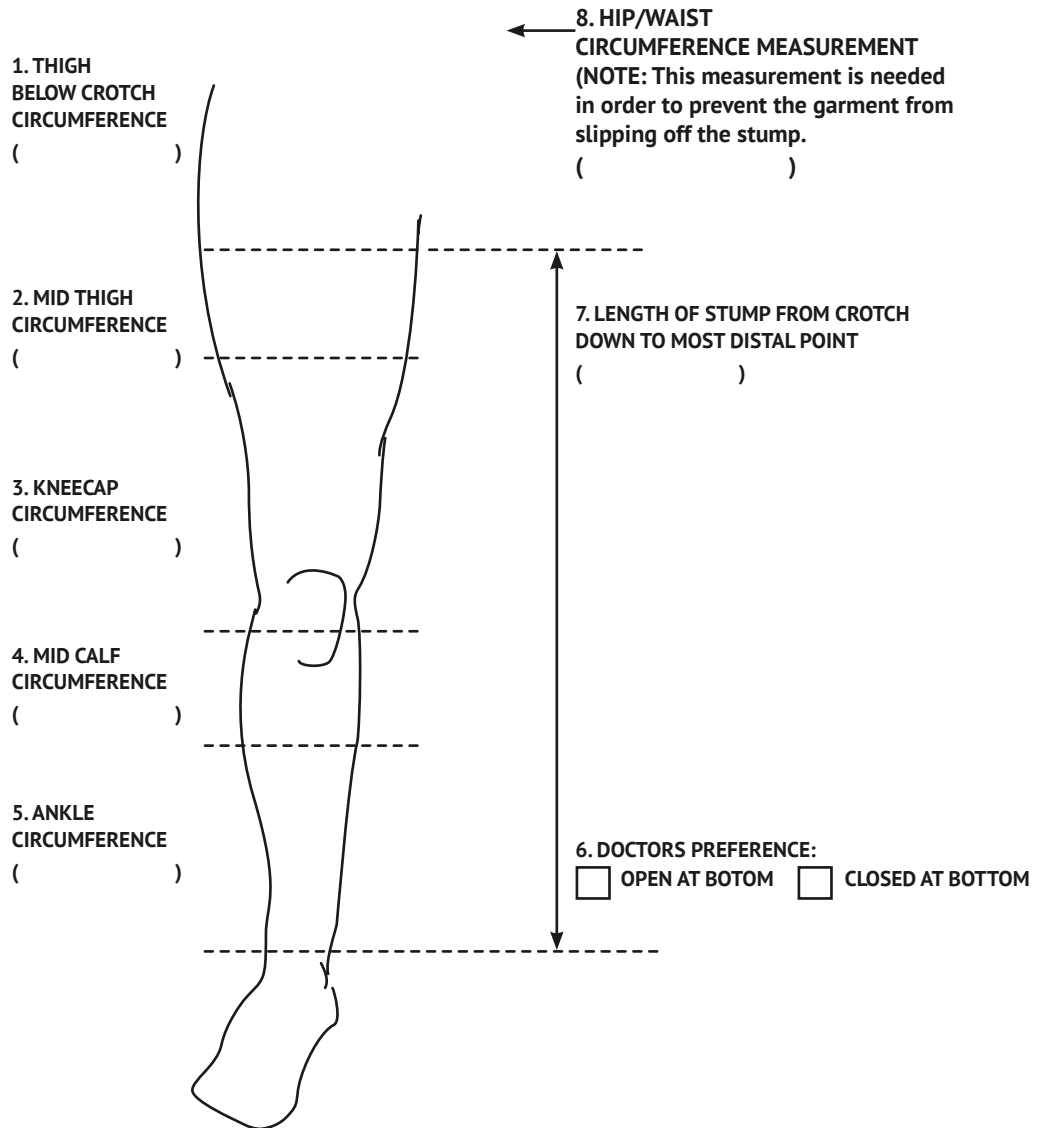
**ONLY AVAILABLE
 IN 4 CHAMBERS**

TYPE OF MEASUREMENTS:

INCHES

CENTIMETERS

Custom Amputee Sleeve Order Form



Qty Ordered _____ Ordered by _____ P.O.# _____ Pump _____

Company Name

Authorized Person _____ Signature _____ Date ___/___/___

Phone # _____ E-mail: _____

Special Instructions _____