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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.

TYPE OF MEASUREMENTS:

INCHES CENTIMETERS

1. THIGH
BELOW CROTCH
CIRCUMFERENCE

R=()

L=()

2. MID THIGH
CIRCUMFERENCE

R=()

L=()

3. KNEECAP
CIRCUMFERENCE

R=()

L=()

4. MID CALF
CIRCUMFERENCE

R=()

L=()

5. ANKLE
CIRCUMFERENCE

R=()

L=()

6. ARCH (INSTEP)

R=()

L=()

7. LENGTH OF FOOT

R=()

L=()

8. LENGTH OF LEG
FROM HEEL TO
CROTCH

R=()

L=()

9. LENGTH FROM
CENTER OF
KNEECAP TO HEEL

R=()

L=()

10. 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.

11. RIB
CIRCUMFERENCE

()

12. BELLY
CIRCUMFERENCE

()

13. WAIST
CIRCUMFERENCE

()

14. HIP
CIRCUMFERENCE

()

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

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Phone # _____ E-mail: _____

Special Instructions _____