



PHONE: 201-939-0716  
 800-888-0908 / FAX: 201-939-4503  
 www.biocompression.com

**INSTRUCTIONS: MEASURE THE CIRCUMFERENCE OF THE LEG USING A STANDARD MEASURING TAPE. BE SURE TO FILL IN ALL MEASUREMENTS. (#1 through #8)**

**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 garment.

**ONLY AVAILABLE  
 IN 4 CHAMBERS**

**TYPE OF MEASUREMENTS:**

INCHES

CENTIMETERS

LEFT LEG

RIGHT LEG

THIGH BELOW CROTCH

1. ( )

MID THIGH

2. ( )

LOWER THIGH

3. ( )

KNEECAP

4. ( )

MID CALF

5. ( )

ANKLE

6. ( )

HIP/WAIST MEASUREMENT  
 (NOTE: This measurement is needed  
 in order to prevent the garment from  
 slipping off the stump.)

8. ( )

LENGTH OF STUMP  
 FROM CROTCH DOWN  
 TO MOST DISTAL POINT

7. ( )

**Custom Amputee Sleeve Order Form**

Qty Ordered \_\_\_\_\_ Ordered by \_\_\_\_\_ P.O.# \_\_\_\_\_ Pump \_\_\_\_\_

Company Name

Authorized Person \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Phone # \_\_\_\_\_ E-mail: \_\_\_\_\_

Special Instructions \_\_\_\_\_