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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

TYPE OF SLEEVE:

☐ 4-CHAMBER ☐ 8-CHAMBER

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. ()

NOTE: In cases when an abrupt change in width (circumference) occurs, ie: a "Flap", "Roofing", etc., draw a vertical and horizontal line (see #7 & #8) indicating length from heel to specific point.

**HALF LEG
LENGTH FROM CENTER OF
KNEECAP TO HEEL**

8. ()

LENGTH OF FOOT

9. ()

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

Company Name

Authorized Person _____ Signature _____ Date ____/____/____

Phone # _____ E-mail: _____

Special Instructions _____

Custom Sleeve Order Form Lower Extremity