

Special Instructions



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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.

ONLY AVAILAB IN 4 CHAMBEI		YPE OF MEASUREMENT HES CENTIM		
	1. THIGH BELOW CROTCH CIRCUMFERENCE ( )	<b>←</b>	8. HIP/WAIST CIRCUMFERENCE N (NOTE: This measu in order to prevent slipping off the stu	rement is needed the garment from
	2. MID THIGH CIRCUMFERENCE ( )		7. LENGTH OF STUMP DOWN TO MOST DIST	
	3. KNEECAP CIRCUMFERENCE ( )			
	4. MID CALF CIRCUMFERENCE ( ) 5. ANKLE	J		
	CIRCUMFERENCE ( )		6. DOCTORS PREFERI	
Qty Ordered	Ordered by		_P.O.#	Pump
Authorized Perso	n	Company NameSignature		Date/
Phone #		E-mail:		