



Patient Last Name: _____ Patient First Name: _____
 Fitter Last Name: _____ Fitter First Name: _____
 Fitter Title: _____ (example PT/OT/PTA)
 Date: _____

BiaCare **ChipSleeve™** - BELOW KNEE
 Measure & Order Form

PRODUCT INFORMATION

LEFT LEG RIGHT LEG **OVERSLEEVE (check one):**

Size: _____ Size: _____ Black Pink Leopard

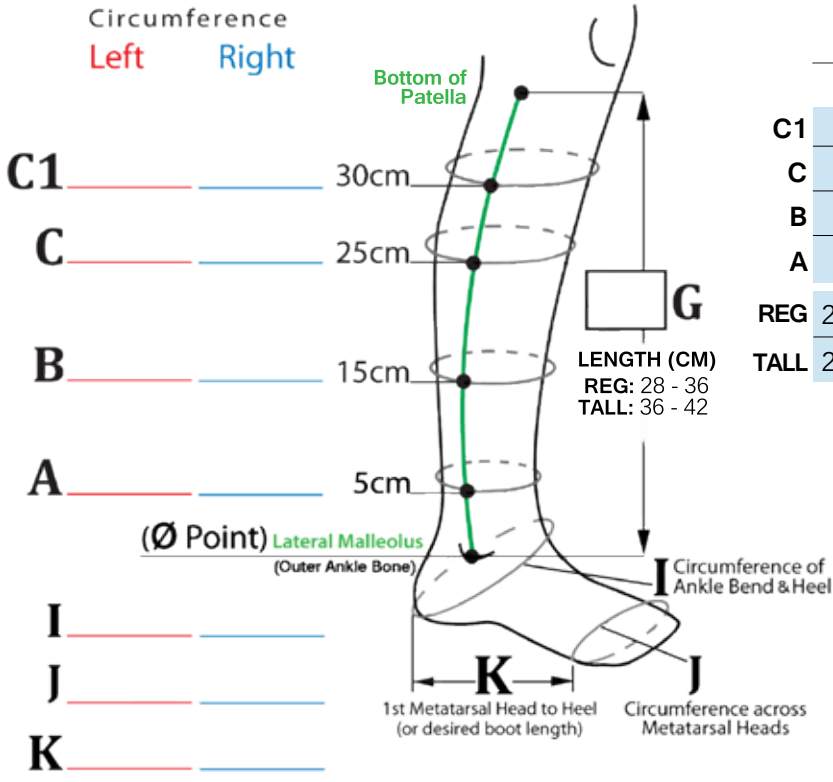
Length: _____ Length: _____ Navy Tie-Dye Purple Paisley

Item #: _____ Item #: _____ **Note:** If no color is specified, a black OverSleeve™ will be included.

Custom Size* Custom Size*

*Use the measuring form on page 28 if ordering a custom size ChipSleeve™ - BK.

SIZING CHART & ITEM NUMBERS



CHIPSLEEVE - BK					
	SMALL	MEDIUM	LARGE	X - LARGE	XX - LARGE
C1	32 - 42	37 - 47	42 - 52	51 - 61	58 - 68
C	29 - 39	34 - 44	39 - 49	48 - 58	55 - 65
B	24 - 34	29 - 39	33 - 43	41 - 51	44 - 55
A	20 - 29	21 - 30	25 - 36	32 - 42	33 - 43
REG	2631 - BKR	2632 - BKR	2633 - BKR	2634 - BKR	2635 - BKR
TALL	2631 - BKT	2632 - BKT	2633 - BKT	2634 - BKT	2635 - BKT