



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

BiaCare **CompreFit®** - BELOW KNEE
 Measure & Order Form

PRODUCT INFORMATION

LEFT LEG

RIGHT LEG

ACCESSORIES (additional cost):

Size: _____

Size: _____

Cotton Socks (extra pair) Qty: _____

Length: _____

Length: _____

Silver Socks (pair) Qty: _____

Item #: _____

Item #: _____

Strap Extenders Qty: _____

Foot Size: _____

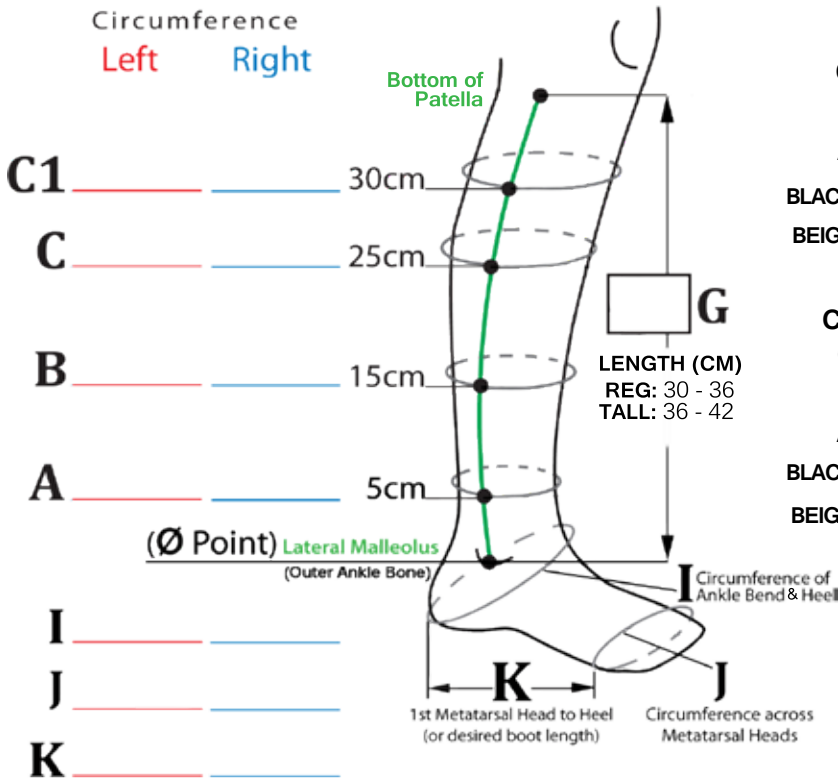
Foot Size: _____

Color: Black Beige

Color: Black Beige

Note: if no color is selected, black will be shipped.

SIZING CHART & ITEM NUMBERS



COMPREFIT - REGULAR

	SMALL	MEDIUM	LARGE	X - LARGE	XX - LARGE
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
BLACK	1101 - BKR	1102 - BKR	1103 - BKR	1104 - BKR	1105 - BKR
BEIGE	1111 - BKR	1112 - BKR	1113 - BKR	1114 - BKR	1115 - BKR

COMPREFIT - TALL

	SMALL	MEDIUM	LARGE	X - LARGE	XX - LARGE
C1	29 - 39	34 - 44	39 - 49	48 - 58	55 - 65
C	26 - 36	31 - 41	35 - 45	45 - 55	50 - 60
B	21 - 31	25 - 35	30 - 40	36 - 46	40 - 50
A	20 - 29	21 - 30	25 - 36	32 - 42	33 - 43
BLACK	1101 - BKT	1102 - BKT	1103 - BKT	1104 - BKT	1105 - BKT
BEIGE	1111 - BKT	1112 - BKT	1113 - BKT	1114 - BKT	1115 - BKT

COMPREBOOT SIZING

	SMALL		MED/LARGE		XL/XXL	
	REGULAR	LONG	REGULAR	LONG	REGULAR	LONG
I	28 - 36	28 - 36	39 max	39 max	44 max	44 max
J	22 - 26	22 - 26	30 max	30 max	33 max	33 max
K	14 - 18	19 - 23	18 - 20	23 - 25	20 - 22	25 - 27