



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

BiaCare **CompreFit[®] PLUS-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: _____

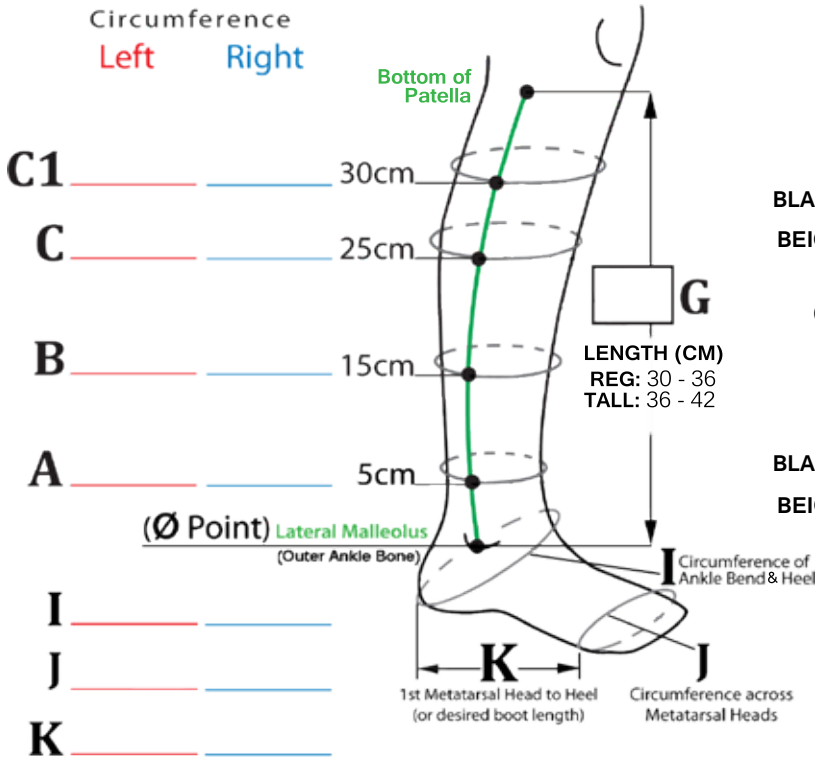
Foot Size: _____

Color: Black Beige

Color: Black Beige

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

SIZING CHART & ITEM NUMBERS



COMPREFIT PLUS REGULAR

	SMALL	MEDIUM	LARGE	X - LARGE	XX - LARGE
C	24 - 34	29 - 39	34 - 44	43 - 53	50 - 60
B	19 - 29	24 - 34	28 - 38	36 - 46	39 - 50
A	15 - 24	16 - 25	20 - 31	27 - 37	28 - 38
BLACK	1151 - BKR	1152 - BKR	1153 - BKR	1154 - BKR	1155 - BKR
BEIGE	1161 - BKR	1162 - BKR	1163 - BKR	1164 - BKR	1165 - BKR

COMPREFIT PLUS TALL

	SMALL	MEDIUM	LARGE	X - LARGE	XX - LARGE
C1	24 - 34	29 - 39	34 - 44	43 - 53	50 - 60
C	21 - 31	26 - 36	30 - 40	39 - 49	45 - 55
B	16 - 26	20 - 30	25 - 35	31 - 41	35 - 45
A	15 - 24	16 - 25	20 - 31	27 - 37	28 - 38
BLACK	1151 - BKT	1152 - BKT	1153 - BKT	1154 - BKT	1155 - BKT
BEIGE	1161 - BKT	1162 - BKT	1163 - BKT	1164 - BKT	1165 - BKT

COMPREEBOOT 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