



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



CompreFLEX™ - LITE

Measure & Order Form

PRODUCT INFORMATION

LEFT LEG

RIGHT LEG

ACCESSORIES (additional cost):

Size: _____

Size: _____

Cotton Socks (extra pair) Qty: _____

Length: _____

Length: _____

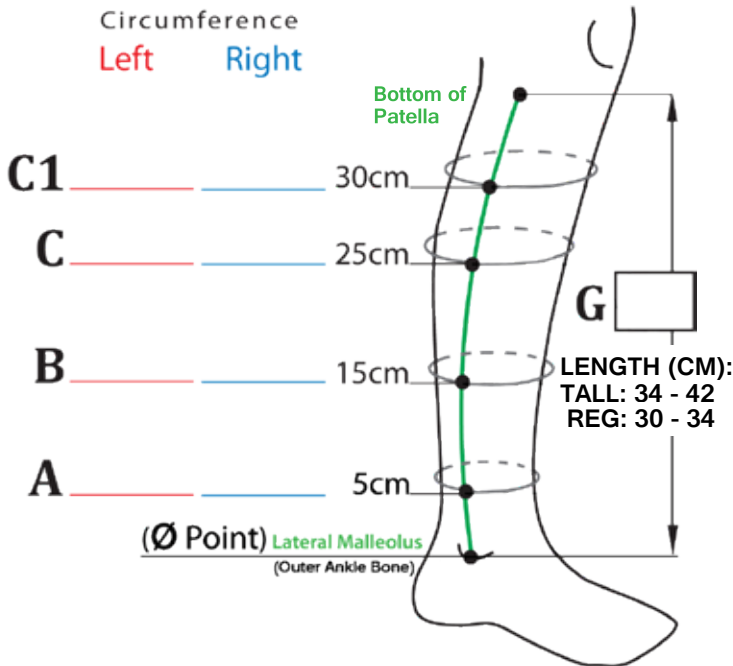
Silver Socks (pair) Qty: _____

Item #: _____

Item #: _____

Strap Extenders Qty: _____

SIZING CHART & ITEM NUMBERS



COMPREFLEX - LITE

	SMALL	MEDIUM	LARGE	X - LARGE	XX - LARGE
C1	29 - 39	34 - 44	40 - 50	46 - 56	54 - 64
C	29 - 39	34 - 44	40 - 50	46 - 56	54 - 64
B	24 - 34	29 - 39	34 - 44	39 - 49	44 - 55
A	16 - 26	21 - 30	26 - 36	31 - 41	36 - 46
REG	1401-UC-BKR	1402-UC-BKR	1403-UC-BKR	1404-UC-BKR	1405-UC-BKR
TALL	1401-UC-BKT	1402-UC-BKT	1403-UC-BKT	1404-UC-BKT	1405-UC-BKT