



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



PRODUCT INFORMATION

LEFT LEG

Size: _____

Length: _____

Item #: _____

Foot Size: _____ (See page 53 for foot sizing)

RIGHT LEG

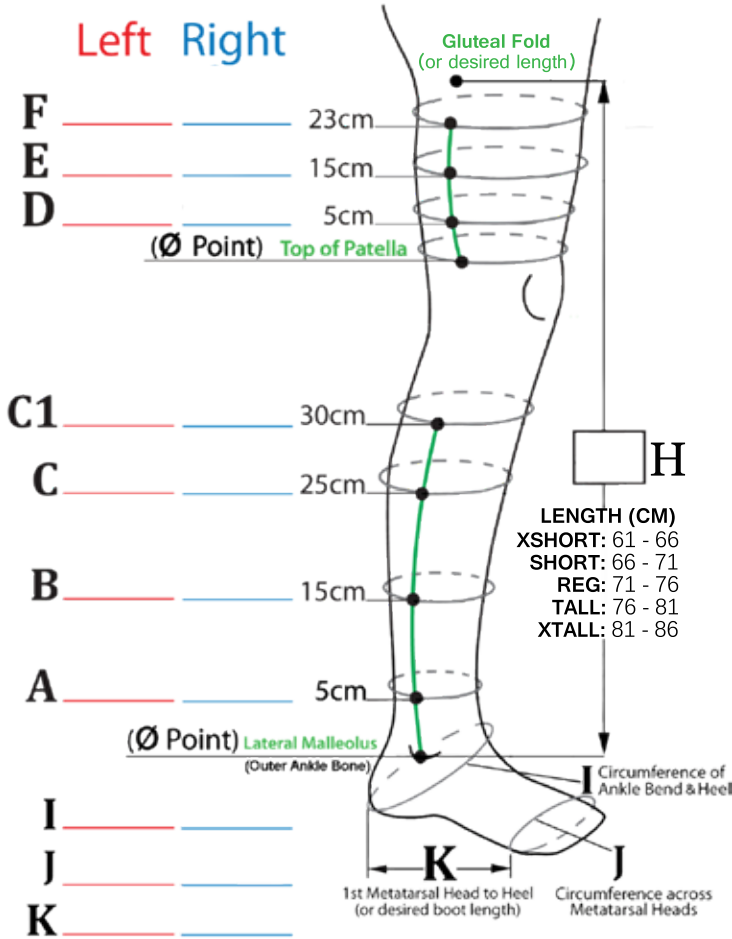
Size: _____

Length: _____

Item #: _____

Foot Size: _____ (See page 53 for foot sizing)

SIZING CHART & ITEM NUMBERS



COMPRESLEEVE - TH

| | SMALL | MEDIUM | LARGE | X - LARGE |
|--------------|-------------|-------------|-------------|-------------|
| F | 48 - 58 | 56 - 66 | 64 - 74 | 74 - 84 |
| E | 43 - 53 | 51 - 61 | 58 - 68 | 68 - 78 |
| D | 38 - 48 | 46 - 56 | 53 - 63 | 63 - 73 |
| C1 | 32 - 42 | 37 - 47 | 42 - 52 | 51 - 61 |
| C | 29 - 39 | 34 - 44 | 39 - 49 | 48 - 58 |
| B | 24 - 34 | 29 - 39 | 33 - 43 | 41 - 51 |
| A | 20 - 29 | 21 - 30 | 25 - 36 | 32 - 42 |
| LEFT | | | | |
| XSHORT | 1501-THXS-L | 1502-THXS-L | 1503-THXS-L | 1504-THXS-L |
| SHORT | 1501-THS-L | 1502-THS-L | 1503-THS-L | 1504-THS-L |
| REG | 1501-THR-L | 1502-THR-L | 1503-THR-L | 1504-THR-L |
| TALL | 1501-THT-L | 1502-THT-L | 1503-THT-L | 1504-THT-L |
| XTALL | 1501-THXT-L | 1502-THXT-L | 1503-THXT-L | 1504-THXT-L |
| RIGHT | | | | |
| XSHORT | 1501-THXS-R | 1502-THXS-R | 1503-THXS-R | 1504-THXS-R |
| SHORT | 1501-THS-R | 1502-THS-R | 1503-THS-R | 1504-THS-R |
| REG | 1501-THR-R | 1502-THR-R | 1503-THR-R | 1504-THR-R |
| TALL | 1501-THT-R | 1502-THT-R | 1503-THT-R | 1504-THT-R |
| XTALL | 1501-THXT-R | 1502-THXT-R | 1503-THXT-R | 1504-THXT-R |