



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



**LEGASSIST™ - BK**  
 Measure & Order Form

I have watched the online instruction video for the LegAssist™ custom garment.  I have read and understand the written measuring instructions for the LegAssist™ custom garment.  Photos have been emailed to: Sales@BiaCare.com

Orders will not be accepted without all three boxes being checked. Your assistance in this will help the patient receive a better product in less time.

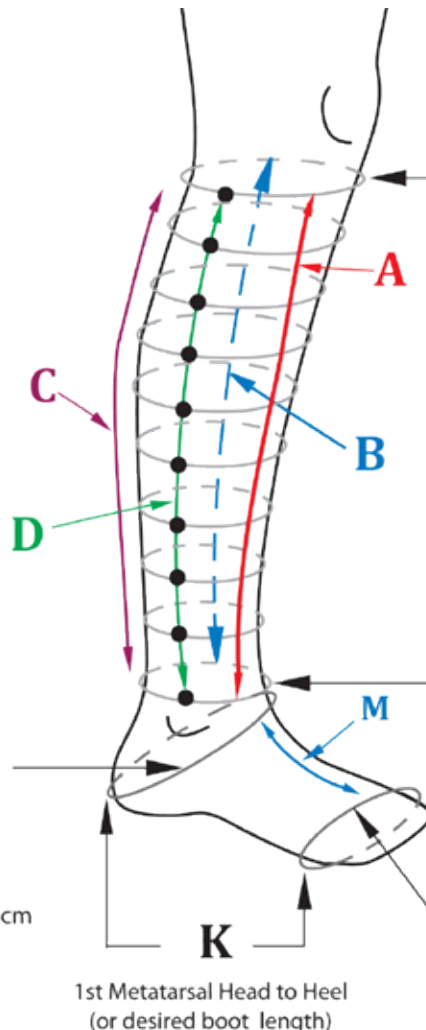
**PRODUCT OPTIONS**

**LEG:**  Left  Right **FOAM:**  Regular (flat foam)  Advanced (WaveFoam™)

**FOOT OPTIONS:**  CompreBoot™ PLUS (included - see pg. 53 for sizing)  Custom MedaBoot™ (additional charge)

Follow contour of limb on all measurements

Anterior Length \_\_\_\_\_ **A**  
 Medial Length \_\_\_\_\_ **B**  
 Posterior Length \_\_\_\_\_ **C**  
 Lateral Length \_\_\_\_\_ **D**



● = Locations measured along *lateral* aspect of leg

**Circumference\***

- \_\_\_\_\_ cm \_\_\_\_\_ Bottom of Patella
- 40 cm \_\_\_\_\_ (If req'd)
- 35 cm \_\_\_\_\_
- 30 cm \_\_\_\_\_
- 25 cm \_\_\_\_\_
- 20 cm \_\_\_\_\_
- 15 cm \_\_\_\_\_
- 10 cm \_\_\_\_\_
- 5 cm \_\_\_\_\_
- ∅ Point \_\_\_\_\_ Ankle Bend

**I** Circumference of Ankle Bend and Heel

**M** Top of foot 3rd Metatarsal Head to Ankle Bend \_\_\_\_\_ **I**

\_\_\_\_\_ **J**

**J** Circumference across Metatarsal Heads \_\_\_\_\_ **K**

\_\_\_\_\_ **M**

\* Note: order a BK Super if greatest circumference is > 60 cm