



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



LEGASSIST - BK with SHELF
 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)

Lengths Above ∅

Anterior Length _____ **A**

Medial Length _____ **B**

Posterior Length _____ **C**

Lateral Length _____ **D**

Lengths Below ∅

Anterior Length _____ **A₁**

Medial Length _____ **B₁**

Posterior Length _____ **C₁**

Lateral Length _____ **D₁**

_____ **I**

_____ **J**

_____ **K**

_____ **M**

Follow the contour of the limb on all measurements

● = Locations measured along lateral aspect of leg.

