

	Patient Last Name:			Patient First Name:	
luna	Fitter Last Name:		Fitter First Name:		
MEDICAL INC. Fitter Title:		(example PT/OT/PTA)		A)	
	Date:	Date:			
		CACOUT DIA			
	BiaCare	GASSIST - BK with SHI: Measure & Order Form			
		Modelard & Gradi Form	•		
I have watched the onlin video for the LegAssist™		I have read and understand the instructions for the LegAssist* of	•	Photos have been emailed to Sales@BiaCare.com	
rders will not be accept	ted without all three bo	oxes being checked. Your	assistance in this	will help the patient receive a	
etter product in less tim	e.				
PRODUCT OPTIONS					
<u>LEG:</u>	ght <u>FOAM:</u> ∟	Regular (flat foam)	Advanced (WaveFoa	am [™])	
FOOT OPTIONS:	☐ CompreBoot [™] PLUS	(included - see pg. 53 for sizing	g) Custom M	MedaBoot [™] (additional charge)	
Lengths Al		he contour of the limb		tions measured along	
Length	A	all measurements	late	eral aspect of leg.	
Medial	D		<u>C</u>	ircumferences:	
Length ——	B		Bottom of Patella		
Posterior	C				
Length	– _C ∣ C~		35 cm .		
Lateral	D	A	30 cm		
Length		J- I - H	25 cm		
Lengths Be	elow Ø	R			
Anterior Length	\mathbf{A}_1		20 cm		
		1	15 cm		
Medial Length ——	B 1		10		
Posterior			10 cm		
Length	C ₁		−B 1 5 cm		
Lateral	C 1	+ = = +	-D 1 ■ Ø Point .		
Length	\mathbf{D}_1	1 A	4		
		A	Ankle .		
	II		Circumference acros Metatarsal Heads	SS	
	Circumference of	M-	Top of foot 3rd Meta	ntarsal Head	
	Ankle Bend/Heel		to Ankle Bend		
	К	K1			
	M	1st Metatarsal Head to Heel (or desired boot length)			
		,			