LUNC.	Fitter Title:	Fitter First Name:
BiaCare 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 [™])		
OPTIONAL: □ Custom MedaBoot [™] (additional charge) □ Hip Attachment (additional charge) □ Straps over knee		
		Waist G
		Waist O
Follow contour of limb (All measure	o on all measurements • = Locations measured along lateral ments in cm)	Aspect Waist at bottom
Lateral	A1 <u>Circumference</u> *	of belt
Length	Gluteal Fold A1	
Length	B1 30 cr	m
Posterior Length	C1 25 cr	
Anterior	20 cr 15 cr	
Length	D ₁ 15 cr	
Knee	5 cm	
Space	E Top of Patella Ø Po	provided over
	Mid Patella	knee unless box checked
Lateral Length	A2 Bottom of Patella Ø Po	
Medial		
Length	B ₂ 10 cr 15 cr	
Posterior Length	C ₂ 20 cr	
Anterior	25 cr	B2
Length	D ₂ 30 cr	
	35 cm	Top of foot
	(If req'd) 40 cm	
	J Ankle Bend A2	
	K *Note: order a TH	Metatarsal Heads
	Super if greatest Circumferer	
	Mi circumference is > 90 cm Ankle Bend ar	
1st Metatarsal Head to Heel		
(or desired boot length)		