



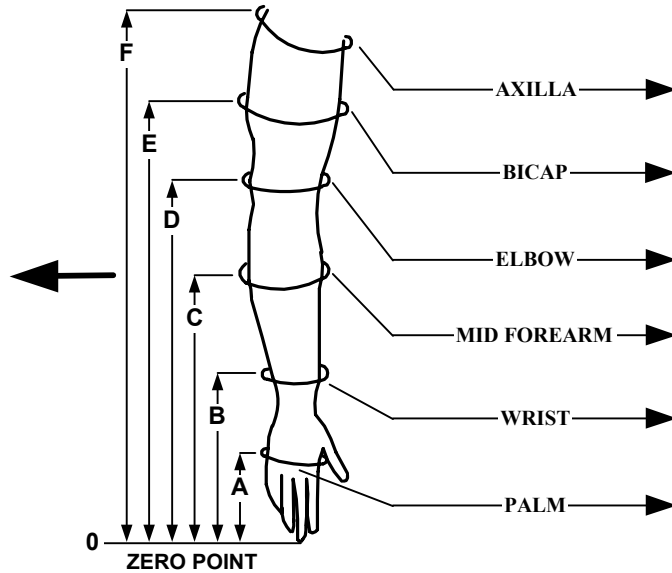
Patient Last Name: _____ Patient First Name: _____
 Fitter Last Name: _____ Fitter First Name: _____
 Fitter Title: _____ (example PT/OT/PTA)
 Date: _____

lymphapress® LYMPHA PRESS ARM & LEG MEASUREMENT FORM

* Length measured from Zero Point

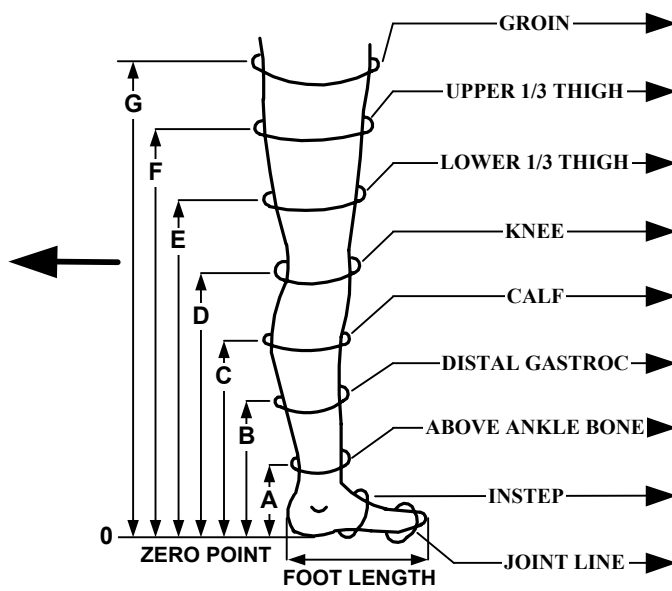
* All Measurements in cm

	<u>Length</u>	
	Left	Right
F	<input type="text"/>	<input type="text"/>
E	<input type="text"/>	<input type="text"/>
D	<input type="text"/>	<input type="text"/>
C	<input type="text"/>	<input type="text"/>
B	<input type="text"/>	<input type="text"/>
A	<input type="text"/>	<input type="text"/>



	<u>Circumference</u>	
	Left	Right
AXILLA	<input type="text"/>	<input type="text"/>
BICAP	<input type="text"/>	<input type="text"/>
ELBOW	<input type="text"/>	<input type="text"/>
MID FOREARM	<input type="text"/>	<input type="text"/>
WRIST	<input type="text"/>	<input type="text"/>
PALM	<input type="text"/>	<input type="text"/>

	<u>Length</u>	
	Left	Right
G	<input type="text"/>	<input type="text"/>
F	<input type="text"/>	<input type="text"/>
E	<input type="text"/>	<input type="text"/>
D	<input type="text"/>	<input type="text"/>
C	<input type="text"/>	<input type="text"/>
B	<input type="text"/>	<input type="text"/>
A	<input type="text"/>	<input type="text"/>



	<u>Length</u>	
	Left	Right
GROIN	<input type="text"/>	<input type="text"/>
UPPER 1/3 THIGH	<input type="text"/>	<input type="text"/>
LOWER 1/3 THIGH	<input type="text"/>	<input type="text"/>
KNEE	<input type="text"/>	<input type="text"/>
CALF	<input type="text"/>	<input type="text"/>
DISTAL GASTROC	<input type="text"/>	<input type="text"/>
ABOVE ANKLE BONE	<input type="text"/>	<input type="text"/>
INSTEP	<input type="text"/>	<input type="text"/>
JOINT LINE	<input type="text"/>	<input type="text"/>

Accurate measuring is the key to perfect fit and best results