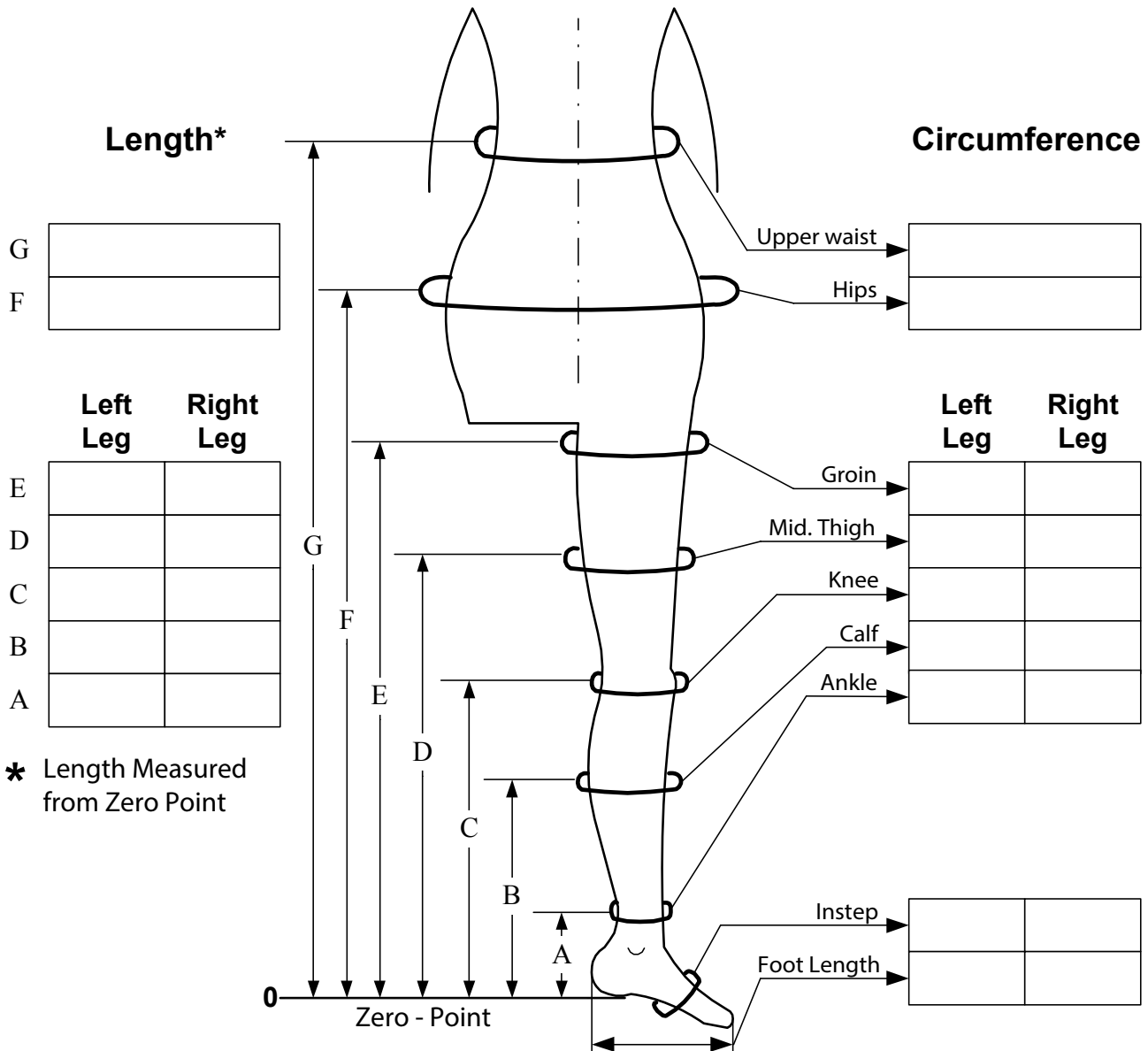




Patient Last Name: _____ Patient First Name: _____
 Fitter Last Name: _____ Fitter First Name: _____
 Fitter Title: _____ (example PT/OT/PTA)
 Date: _____

lymphapress® LYPHA PRESS OVERLAPPING PANTS MEASUREMENT FORM



* Length Measured from Zero Point

Dimensional Data in cm
 General Tolerance ±1 cm

Accurate measuring is the key to perfect fit and best results