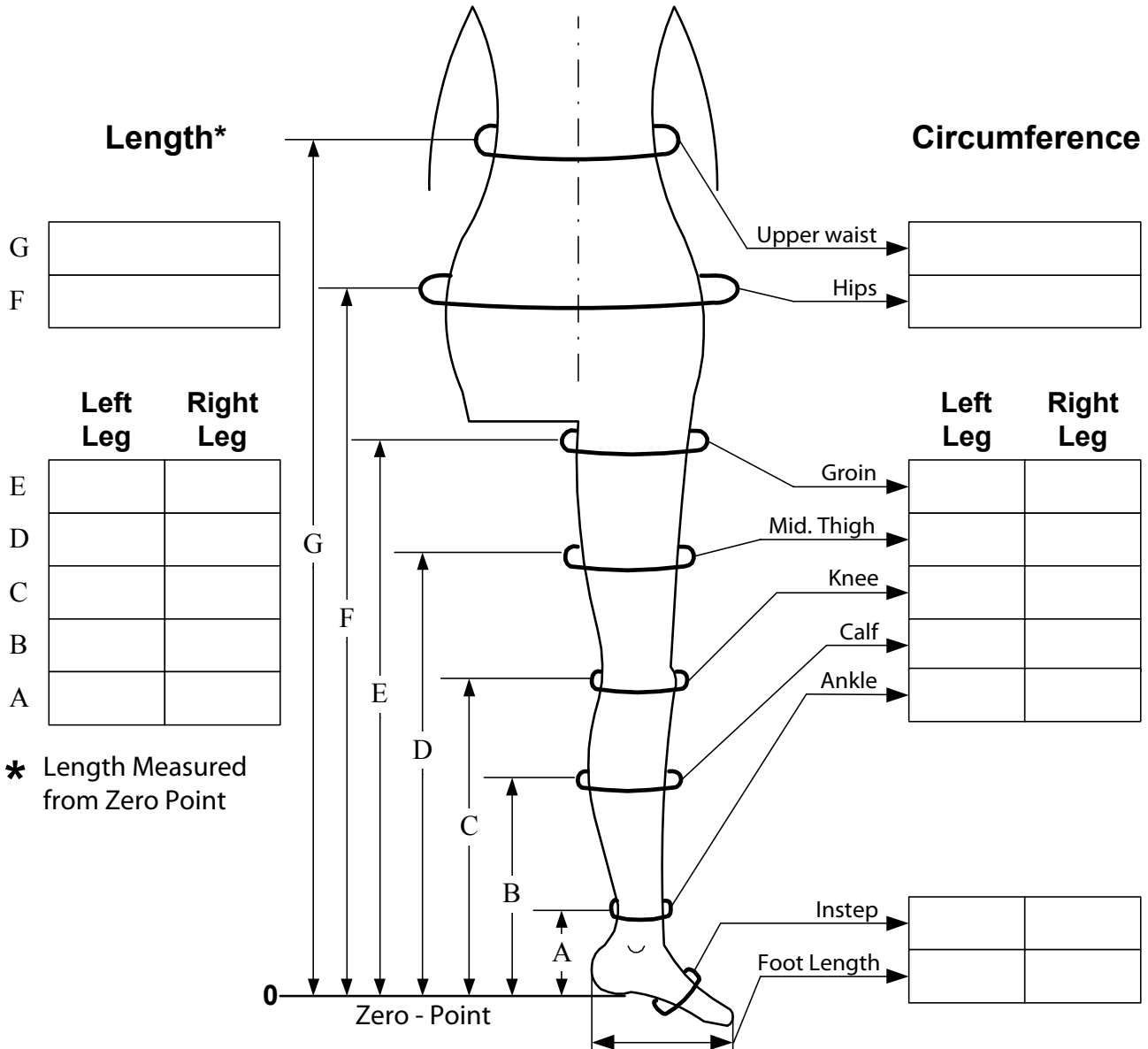




Patient Last Name: \_\_\_\_\_ Patient First Name: \_\_\_\_\_  
 Fitter Last Name: \_\_\_\_\_ Fitter First Name: \_\_\_\_\_  
 Fitter Title: \_\_\_\_\_ (example PT/OT/PTA)  
 Date: \_\_\_\_\_

**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