



# Custom Asymmetrical/Lipoma Leg Garment Measurement Form



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

Measuring for:	
<input type="checkbox"/> Left Side	<input type="checkbox"/> Full Leg
<input type="checkbox"/> Right Side	<input type="checkbox"/> ¼ Leg
	<input type="checkbox"/> ½ leg
Measuring in:	
<input type="checkbox"/> Inches	<input type="checkbox"/> Centimeters

Custom options:
<input type="checkbox"/> Groin cut-out
<input type="checkbox"/> Zipper (½ leg only)
<input type="checkbox"/> Hip Extension
<input type="checkbox"/> D-Rings
<input type="checkbox"/> No Foot

Check one color choice (default color is black) :	
<input type="checkbox"/> Black	<input type="checkbox"/> Deep Sea Blue
<input type="checkbox"/> Brown	<input type="checkbox"/> Forest Green
<input type="checkbox"/> Burgundy	<input type="checkbox"/> Grape
<input type="checkbox"/> Camouflage (green)	<input type="checkbox"/> Navy Blue
<input type="checkbox"/> Camouflage (desert)	<input type="checkbox"/> Royal Blue
<input type="checkbox"/> Charcoal	<input type="checkbox"/> Turquoise

Special Requests:
_____
_____
_____
_____

		<p align="center"><b>Fill in all circumferences</b></p> <p align="center"><small>(check and measure one set)</small></p> <table border="1"> <tr> <td><input type="checkbox"/> Medial / Lateral</td> </tr> <tr> <td><input type="checkbox"/> Anterior / Posterior</td> </tr> </table> <p><b>Total</b></p> <p>(Groin) h _____</p> <p>(Thigh) g _____</p> <p>(Mid-Thigh) f _____</p> <p>(Above-Knee) ee _____</p> <p>(Knee) e _____</p> <p>(Below-Knee) d _____</p> <p>(Calf) c _____</p> <p>(Ankle) b _____</p> <p>(Instep) y _____</p> <p>(Toe) a _____</p>	<input type="checkbox"/> Medial / Lateral	<input type="checkbox"/> Anterior / Posterior	<p align="center"><b>Fill in all lengths</b></p> <p>z-h _____ Heel to Groin (Full Leg)</p> <p>z-g _____ Heel to Thigh</p> <p>z-f _____ Heel to Mid-Thigh (¼ Leg)</p> <p>z-ee _____ Heel to Above-Knee</p> <p>z-e _____ Heel to Knee (center patella)</p> <p>z-d _____ Heel to Below Knee (½ leg)</p> <p>z-c _____ Heel to Calf</p> <p>z-b _____ Heel to Ankle</p> <p>z-x _____ Foot Length</p> <p>z-? _____ Heel to Bottom of Lipoma</p>
<input type="checkbox"/> Medial / Lateral					
<input type="checkbox"/> Anterior / Posterior					
<p><b>Photographs are <u>REQUIRED</u> for all asymmetrical orders</b></p>					