



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

SIGVARIS

CompreFLEX™ - BELOW KNEE Measure & Order Form

PRODUCT INFORMATION

LEFT LEG

RIGHT LEG

ACCESSORIES (additional cost):

Size: _____

Size: _____

Cotton Socks (extra pair) Qty: _____

Length: _____

Length: _____

Silver Socks (pair) Qty: _____

Item #: _____

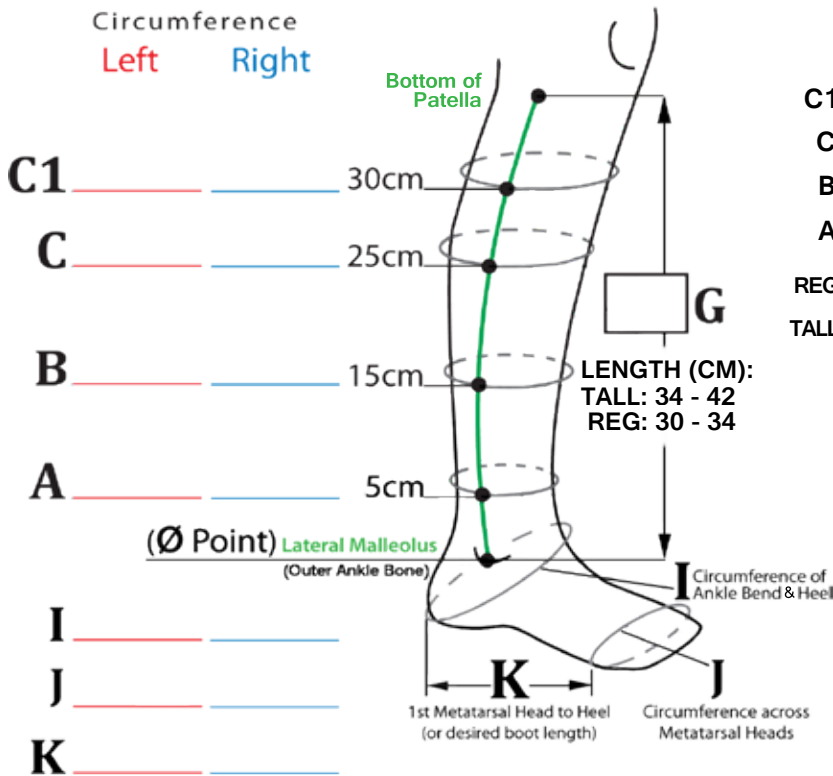
Item #: _____

Strap Extenders Qty: _____

Foot Size: _____

Foot Size: _____

SIZING CHART & ITEM NUMBERS



COMPREFLEX - BK

	SMALL	MEDIUM	LARGE	X - LARGE	XX - LARGE
C1	29 - 39	34 - 44	40 - 50	46 - 56	54 - 64
C	29 - 39	34 - 44	40 - 50	46 - 56	54 - 64
B	24 - 34	29 - 39	34 - 44	39 - 49	44 - 55
A	16 - 26	21 - 30	26 - 36	31 - 41	36 - 46
REG	1401 - BKR	1402 - BKR	1403 - BKR	1404 - BKR	1405 - BKR
TALL	1401 - BKT	1402 - BKT	1403 - BKT	1404 - BKT	1405 - BKT

COMPREBOOT SIZING

	SMALL		MED/LARGE		XL/XXL	
	REGULAR	LONG	REGULAR	LONG	REGULAR	LONG
I	28 - 36	28 - 36	39 max	39 max	44 max	44 max
J	22 - 26	22 - 26	30 max	30 max	33 max	33 max
K	14 - 18	19 - 23	18 - 20	23 - 25	20 - 22	25 - 27