



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

SIGVARIS

CompreFLEX™ - LITE Measure & Order Form

PRODUCT INFORMATION

LEFT LEG

RIGHT LEG

ACCESSORIES (additional cost):

Size: _____

Size: _____

Cotton Socks (extra pair) Qty: _____

Length: _____

Length: _____

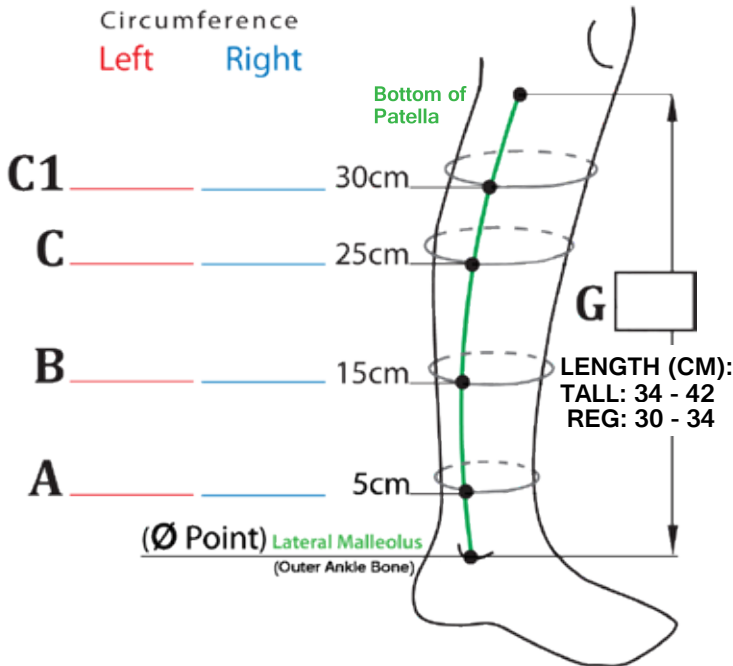
Silver Socks (pair) Qty: _____

Item #: _____

Item #: _____

Strap Extenders Qty: _____

SIZING CHART & ITEM NUMBERS



COMPREFLEX - LITE

| | 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-UC-BKR | 1402-UC-BKR | 1403-UC-BKR | 1404-UC-BKR | 1405-UC-BKR |
| TALL | 1401-UC-BKT | 1402-UC-BKT | 1403-UC-BKT | 1404-UC-BKT | 1405-UC-BKT |