

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

SIGVARIS

I have watched the online instruction

LEGASSIST[™] - **BK**Measure & Order Form

	uideo for the LegAssist [™] custom garment. Linstructions for the LegAssist [™] custom garment.
Orders will not be accepted without all three boxes being checked. Your assistance in this will help the patient receive a	
	better product in less time.

I have read and understand the written measuring

PRODUCT OPTIONS FOAM: Regular (flat foam) LEG: Right Left Advanced (WaveFoam™) FOOT OPTIONS: CompreBoot™ PLUS (included - see pg. 53 for sizing) **Custom MedaBoot**[™] (additional charge) • = Locations measured along *lateral* aspect of leg Circumference* Follow contour of limb on all measurements Bottom of Patella 40 cm (If req'd) **Anterior** 35 cm Length 30 cm Medial Length 25 cm **Posterior** 20 cm Length 15 cm Lateral Length 10 cm 5 cm ø Point - Ankle Bend M Top of foot Circumference of M 3rd Metatarsal Head Ankle Bend and Heel to Ankle Bend * Note: order a BK Super if greatest circumference is > 60 cm Circumference across Metatarsal Heads 1st Metatarsal Head to Heel (or desired boot length)