



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

SIGVARIS



PRODUCT INFORMATION

LEFT LEG

RIGHT LEG

ACCESSORIES (additional cost):

Size: _____

Size: _____

Cotton Liners (extra pair) Qty: _____

Length: _____

Length: _____

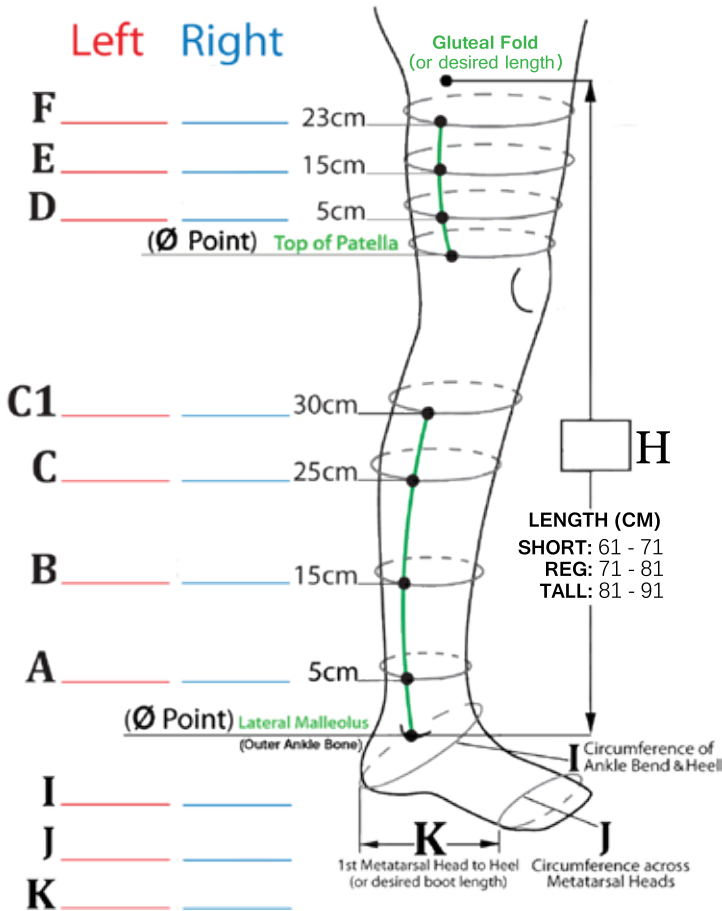
Item #: _____

Item #: _____

Foot Size: _____

Foot Size: _____

SIZING CHART & ITEM NUMBERS



MEDAFIT - TH

	SMALL	S. MAX	MEDIUM	M. MAX	LARGE	L. MAX	XLARGE
F	48 - 58	56 - 66	56 - 66	64 - 74	64 - 74	74 - 84	74 - 84
E	43 - 53	51 - 61	51 - 61	58 - 68	58 - 68	68 - 78	68 - 78
D	38 - 48	46 - 56	46 - 56	53 - 63	53 - 63	63 - 73	63 - 73
C1	32 - 42		37 - 47		42 - 52		51 - 61
C	29 - 39		34 - 44		39 - 49		48 - 58
B	24 - 34		29 - 39		33 - 43		41 - 51
A	20 - 29		21 - 30		25 - 36		32 - 42
SHORT	1201-THS		1202-THS		1203-THS		1204-THS
SHORT MAX	1201-THSM		1202-THSM		1203-THSM		N/A
REG	1201-THR		1202-THR		1203-THR		1204-THR
REG MAX	1201-THRM		1202-THRM		1203-THRM		N/A
TALL	1201-THT		1202-THT		1203-THT		1204-THT
XTALL	1201-THTM		1202-THTM		1203-THTM		N/A

COMPREBOOT PLUS 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