



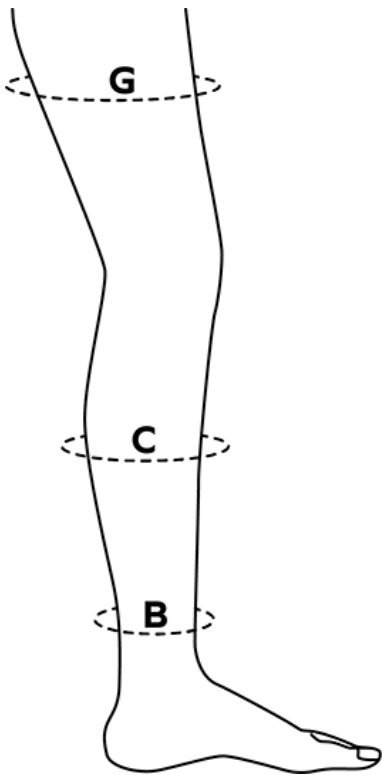
ALTA LINER SIZE/MEASURING CHART

Patient Last Name: _____ Patient First Name: _____

Fitter Last Name: _____ Fitter First Name: _____

Fitter Title: _____ (example: PT/OT/PTA)

Date: _____



ALTA LINER		
Knee high	S/M/L	XL
C	29-49cm	44-68cm
B	19-34cm	31-43cm

ALTA LINER		
Thigh high	S/M/L	XL
G	49-84cm	79-103cm
C	29-49cm	44-68cm
B	19-49cm	31-43cm