



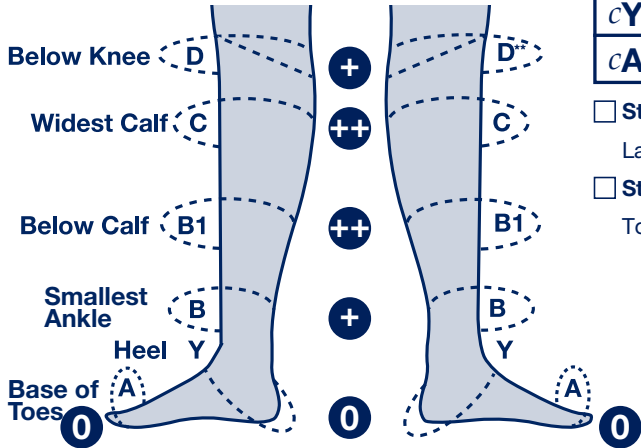
Patient Last Name: _____ Patient First Name: _____
 Fitter Last Name: _____ Fitter First Name: _____
 Fitter Title: _____ (example: PT/OT/PTA)
 Date: _____

Color <input type="checkbox"/> Beige <input type="checkbox"/> Caramel <input type="checkbox"/> Anthracite Heather <input type="checkbox"/> Black <input type="checkbox"/> Jeans Heather <input type="checkbox"/> Red Heather	Quantity/Class Left	CCL1 (18-21mmHg*)	CCL2 (23-32mmHg*)	CCL3 (34-46mmHg*)
	Right			
Special Options <input type="checkbox"/> Lateral Rise =10%of circumference at D and is not adjustable (ex: if cD is 35cm then lateral rise is 3.5cm) <input type="checkbox"/> Ankle Comfort Zone	Decorative Options <input type="checkbox"/> Decorative Line (Front of garment) <input type="checkbox"/> Patient Initials Max 2 letters (A-Z) _____		Band Options <input type="checkbox"/> Without Silicone <input type="checkbox"/> SoftFit Band AD NOTE: this is a 5cm band	

Measuring Guidelines

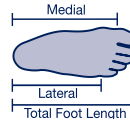
(Only applicable for Confidence)
 See Leg Diagram for applicable tension at each landmark.

- 0 no tension
- + light tension
- ++ heavy tension



Circumference (c)		Length (l): Taken from each landmark to floor	
Left	Right	Left	Right
cD		lD	
cC		lC	
cB1		lB1	
cB		lB	
cY		lA (medial)	
cA		lA (lateral)	

Straight Open Toe Length Slant Open Toe Length Slant Closed Toe Length
 Lateral _____ cm Medial _____ cm Medial _____ cm
 Straight Closed Toe Length Lateral _____ cm Lateral _____ cm
 Total Foot _____ cm Total Foot _____ cm



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* Design Pressure
 ** See Special Options for lateral rise