



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

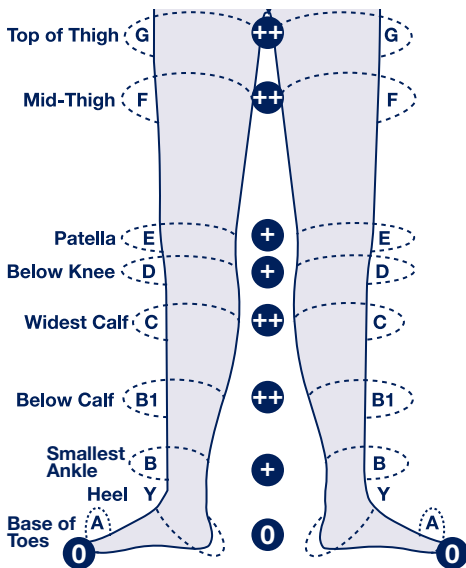
Color	Styles	Quantity/Class		CCL1 (18-21mmHg*)	CCL2 (23-32mmHg*)	CCL3 (34-46mmHg*)
		<input type="checkbox"/> Beige <input type="checkbox"/> Anthracite Heather <input type="checkbox"/> Black <input type="checkbox"/> Jeans Heather <input type="checkbox"/> Caramel <input type="checkbox"/> Red Heather	<input type="checkbox"/> AD Knee <input type="checkbox"/> AG High	Left		
		Right				

Special AD/AG Options <input type="checkbox"/> Lateral Rise =10%of circumference at D/G and is not adjustable (ex: if cD/cG is 35cm then lateral rise is 3.5cm)	<input type="checkbox"/> Ankle Comfort Zone <input type="checkbox"/> Knee Comfort Zone	Decorative Options <input type="checkbox"/> Decorative Line (Front of garment) <input type="checkbox"/> Patient Initials Max 2 letters (A-Z) _____
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Measuring Guidelines

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

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



AD Band Options

- Without Silicone
- SoftFit Band AD
NOTE: this is a 5 cm band

AG Band Options

- AG=Thigh with 5 cm Dotted Top Band
- 5 cm Dotted Band With Lateral Rise (Standard)
- 5 cm Dotted Band Without Lateral Rise

Circumference (c)		Length (l) - Taken from each landmark to floor	
Left	Right	Left	Right
cG		lG	
cF		lF	
cE		lE	
cD		lD	
cC		lC	
cB1		lB1	
cB		lB	
cY		lA (medial)	
cA		lA (lateral)	

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

* Design Pressure
 ** See Special Options for lateral rise



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