



Custom Asymmetrical/Lipoma Leg Garment Measurement Form



Account Number: LUNA1FL

Patient Last Name: _____ Patient First Name: _____

Fitter Last Name: _____ Fitter First Name: _____

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

Date: _____

Measuring for: <input type="checkbox"/> Left Side <input type="checkbox"/> Full Leg <input type="checkbox"/> Right Side <input type="checkbox"/> ¼ Leg <input type="checkbox"/> ½ leg	Custom options: <input type="checkbox"/> Groin cut-out <input type="checkbox"/> Zipper (½ leg only) <input type="checkbox"/> Hip Extension <input type="checkbox"/> D-Rings <input type="checkbox"/> No Foot	Check one color choice (default color is black) : <input type="checkbox"/> Black <input type="checkbox"/> Deep Sea Blue <input type="checkbox"/> Brown <input type="checkbox"/> Forest Green <input type="checkbox"/> Burgundy <input type="checkbox"/> Grape <input type="checkbox"/> Camouflage (green) <input type="checkbox"/> Navy Blue <input type="checkbox"/> Camouflage (desert) <input type="checkbox"/> Royal Blue <input type="checkbox"/> Charcoal <input type="checkbox"/> Turquoise	Special Requests: _____ _____ _____ _____ _____
Measuring in: <input type="checkbox"/> Inches <input type="checkbox"/> Centimeters			

Fill in all circumferences		Fill in all lengths	
	Total	(check and measure one set) <input type="checkbox"/> Medial / Lateral <input type="checkbox"/> Anterior / Posterior	
	(Groin) h _____	z-h _____	Heel to Groin (Full Leg)
	(Thigh) g _____	z-g _____	Heel to Thigh
	(Mid-Thigh) f _____	z-f _____	Heel to Mid-Thigh (¼ Leg)
	(Above-Knee) ee _____	z-ee _____	Heel to Above-Knee
	(Knee) e _____	z-e _____	Heel to Knee (center patella)
	(Below-Knee) d _____	z-d _____	Heel to Below Knee (½ leg)
	(Calf) c _____	z-c _____	Heel to Calf
	(Ankle) b _____	z-b _____	Heel to Ankle
	(Instep) y _____	z-x _____	Foot Length
(Toe) a _____	z-? _____	Heel to Bottom of Lipoma	

Photographs are REQUIRED for all asymmetrical orders