



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

SIGVARIS

ChipSleeve™ - THIGH HIGH

PRODUCT INFORMATION

LEFT LEG

RIGHT LEG

OVERSLEEVE (check one):

Size: _____

Size: _____

Black Pink Leopard

Length: _____

Length: _____

Navy Tie-Dye Purple Paisley

Item #: _____

Item #: _____

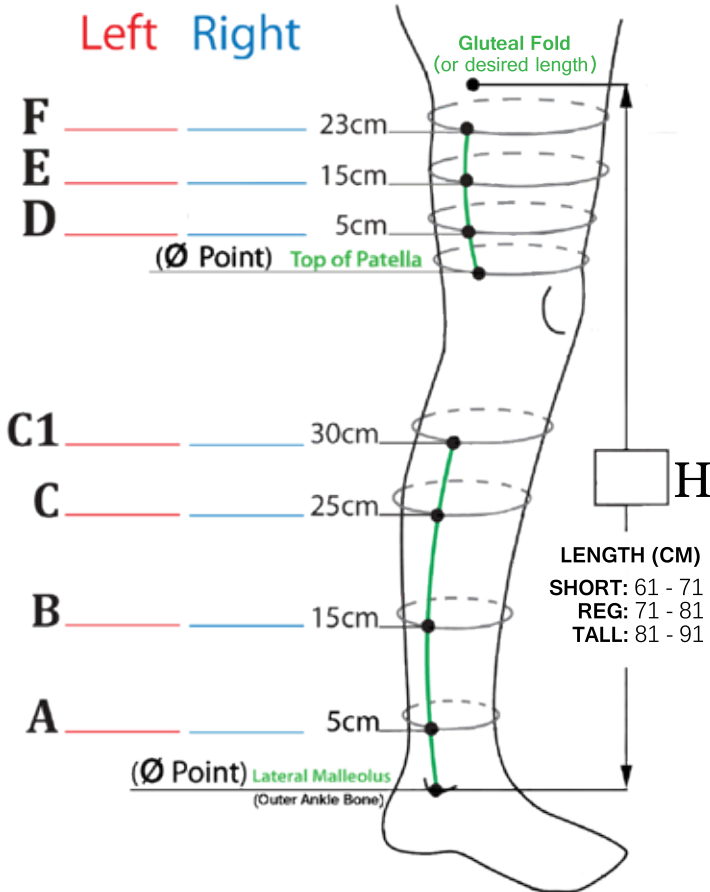
Note: If no color is specified, a black OverSleeve™ will be included.

Custom Size*

Custom Size*

*Use the measuring form on page 44 if ordering a custom size ChipSleeve™ - TH.

SIZING CHART & ITEM NUMBERS



		CHIPSLEEVE - TH			
		SMALL	MEDIUM	LARGE	X - LARGE
RIGHT	F	48 - 58	56 - 66	64 - 74	74 - 84
	E	43 - 53	51 - 61	58 - 68	68 - 78
	D	38 - 48	46 - 56	53 - 63	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
LEFT	SHORT	2631-THS-L	2632-THS-L	2633-THS-L	2634-THS-L
	REG	2631-THR-L	2632-THR-L	2633-THR-L	2634-THR-L
	TALL	2631-THT-L	2632-THT-L	2633-THT-L	2634-THT-L
	SHORT	2631-THS-R	2632-THS-R	2633-THS-R	2634-THS-R
	REG	2631-THR-R	2632-THR-R	2633-THR-R	2634-THR-R
	TALL	2631-THT-R	2632-THT-R	2633-THT-R	2634-THT-R