



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

SIGVARIS ^oCompreFit® - BELOW KNEE & THIGH COMPONENT

PRODUCT INFORMATION

LEFT LEG *Color: Black Beige

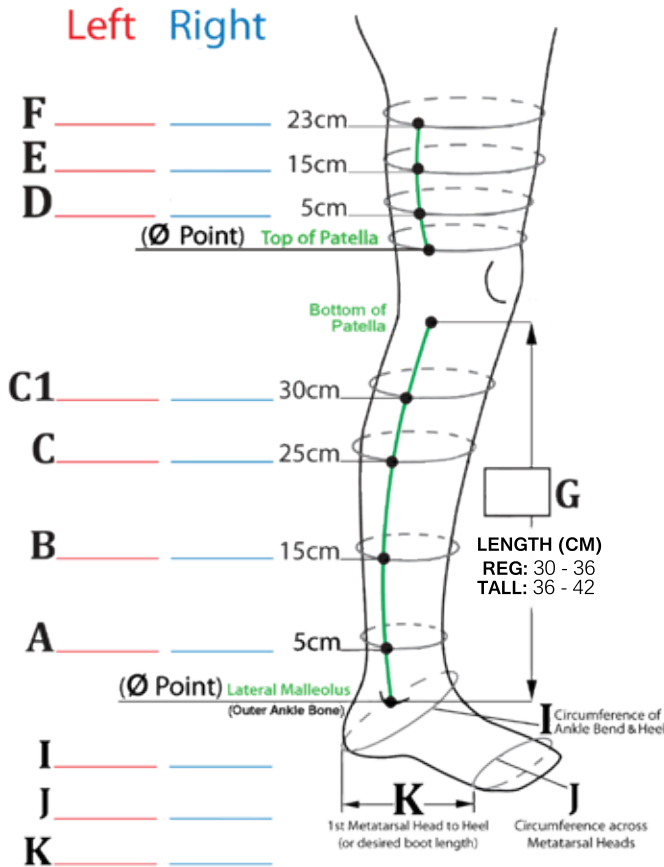
Below Knee (BK) Thigh Component (TC)
 Size: _____ Size: _____
 Length: _____ Item #: _____
 Item #: _____
 Foot Size: _____ (See page 53 for foot sizing)

RIGHT LEG *Color: Black Beige

Below Knee (BK) Thigh Component (TC)
 Size: _____ Size: _____
 Length: _____ Item #: _____
 Item #: _____
 Foot Size: _____ (See page 53 for foot sizing)

*if no color is selected, black will be shipped.

SIZING CHART & ITEM NUMBERS



COMPREFIT - TC				
	SMALL	MEDIUM	LARGE	X - LARGE
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
BLACK	1101 - TC	1102 - TC	1103 - TC	1104 - TC
BEIGE	1111 - TC	1112 - TC	1113 - TC	1114 - TC

COMPREFIT - BK REGULAR					
	SMALL	MEDIUM	LARGE	X - LARGE	XX - LARGE
C	29 - 39	34 - 44	39 - 49	48 - 58	55 - 65
B	24 - 34	29 - 39	33 - 43	41 - 51	44 - 55
A	20 - 29	21 - 30	25 - 36	32 - 42	33 - 43
BLACK	1101 - BKR	1102 - BKR	1103 - BKR	1104 - BKR	1105 - BKR
BEIGE	1111 - BKR	1112 - BKR	1113 - BKR	1114 - BKR	1115 - BKR

COMPREFIT - BK TALL					
	SMALL	MEDIUM	LARGE	X - LARGE	XX - LARGE
C1	29 - 39	34 - 44	39 - 49	48 - 58	55 - 65
C	26 - 36	31 - 41	35 - 45	45 - 55	50 - 60
B	21 - 31	25 - 35	30 - 40	36 - 46	40 - 50
A	20 - 29	21 - 30	25 - 36	32 - 42	33 - 43
BLACK	1101 - BKT	1102 - BKT	1103 - BKT	1104 - BKT	1105 - BKT
BEIGE	1111 - BKT	1112 - BKT	1113 - BKT	1114 - BKT	1115 - BKT