



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

SIGVARIS

CompreSleeve™ - BELOW KNEE Measure & Order Form

PRODUCT INFORMATION

LEFT LEG

RIGHT LEG

ACCESSORIES (additional cost):

Size: _____

Size: _____

Cotton Socks (extra pair) Qty: _____

Length: _____

Length: _____

Silver Socks (pair) Qty: _____

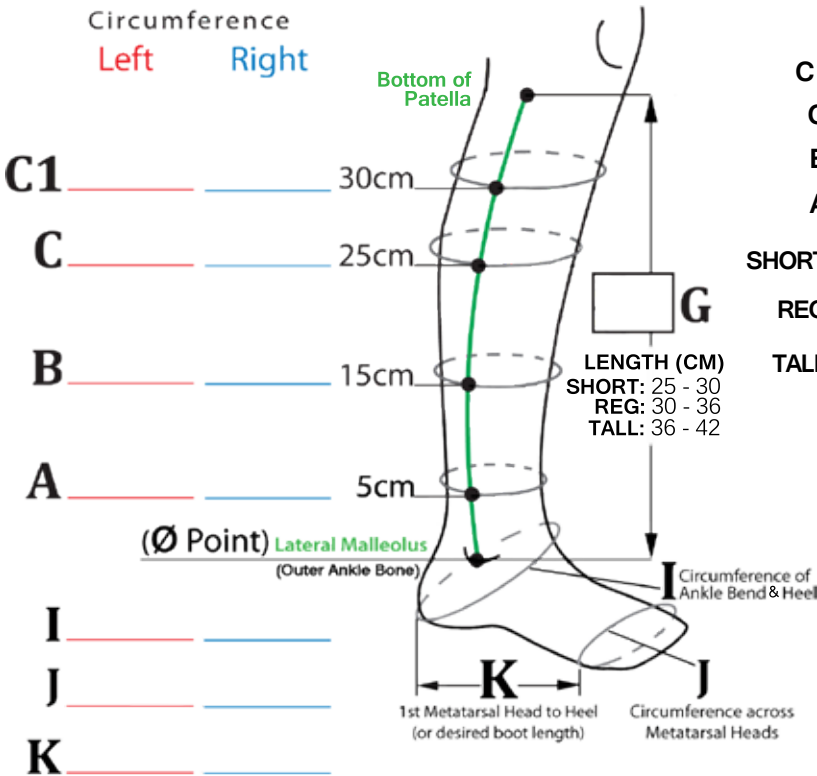
Item #: _____

Item #: _____

Foot Size: _____

Foot Size: _____

SIZING CHART & ITEM NUMBERS



COMPRESLEEVE - BK

	SMALL	MEDIUM	LARGE	X - LARGE	XX - LARGE
C1	32 - 42	38 - 48	42 - 52	51 - 61	58 - 68
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
SHORT	1501 - BKS	1502 - BKS	1503 - BKS	1504 - BKS	1505 - BKS
REG	1501 - BKR	1502 - BKR	1503 - BKR	1504 - BKR	1505 - BKR
TALL	1501 - BKT	1502 - BKT	1503 - BKT	1504 - BKT	1505 - BKT

COMPRESLEEVE - BK

	SMALL		MED/LARGE		XL/XXL	
	REGULAR	LONG	REGULAR	LONG	REGULAR	LONG
I	28 - 36	28 - 36	39 max	39 max	44 max	44 max
J	22 - 26	22 - 26	30 max	30 max	33 max	33 max
K	14 - 18	19 - 23	18 - 20	23 - 25	20 - 22	25 - 27