



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

SIGVARIS

FACIAL/NECK PAD Measure & Order Form

PRODUCT INFORMATION

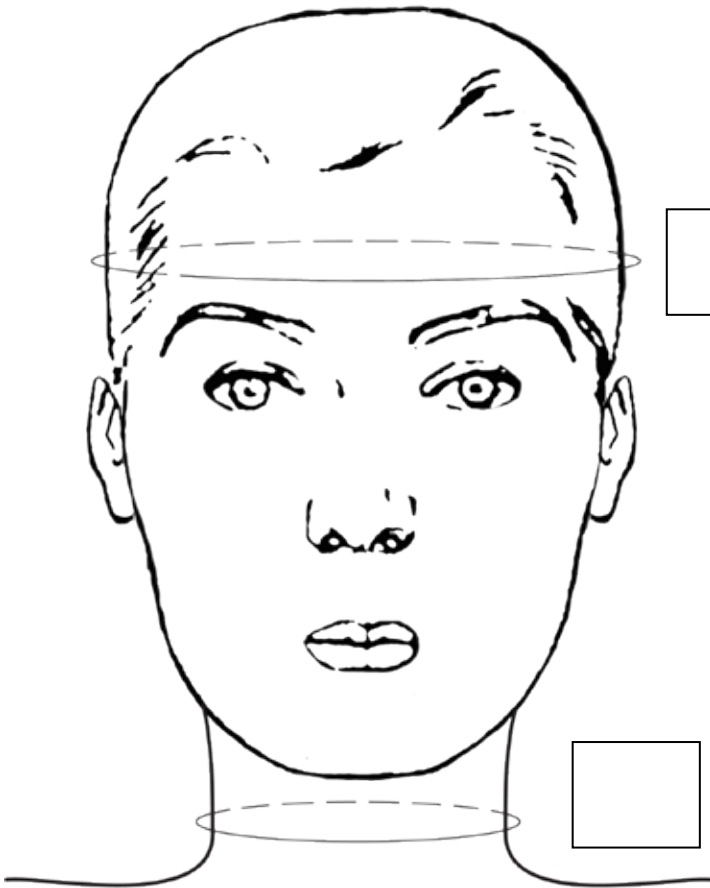
SIZE: SMALL MEDIUM LARGE X - LARGE

PAD: Item #2940: Neck/Mandible Item # 2950: Neck/Cranial

ACCESSORIES (additional cost): Velcro extender (5cm additional circumferencial range) Qty. _____

SIZING CHART

| | SMALL | MEDIUM | LARGE | X - LARGE |
|--------------------|---------|---------|---------|-----------|
| Head Circumference | 53 - 56 | 56 - 58 | 58 - 61 | 61 - 64 |
| Neck Circumference | 28 - 33 | 33 - 38 | 38 - 43 | 43 - 58 |



Head Circumference
(measure 1/2" above eye brow)

Neck Circumference
(measure at largest part of neck)