



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

# sigvaris

## Legassist Calf & Foot

### Product Information

Product includes one Legassist Calf and One Compreboot Plus Foot.

<input type="checkbox"/> Right Leg	<input type="checkbox"/> Left Leg	Foam	Additional Foot Option
Size: <input type="checkbox"/> Regular <input type="checkbox"/> Super	Size: <input type="checkbox"/> Regular <input type="checkbox"/> Super	<input type="checkbox"/> Flat	<input type="checkbox"/> Custom Medaboot (additional charge)
<input type="checkbox"/> Right Leg	<input type="checkbox"/> Left Leg	Foam	Additional Foot Option
Size: <input type="checkbox"/> Regular <input type="checkbox"/> Super	Size: <input type="checkbox"/> Regular <input type="checkbox"/> Super	<input type="checkbox"/> Flat	<input type="checkbox"/> Custom Medaboot (additional charge)
		<input type="checkbox"/> Wavefoam	

**Note:** If the greatest circumference measurement is >60cm, order a Super.

