



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

# sigvaris

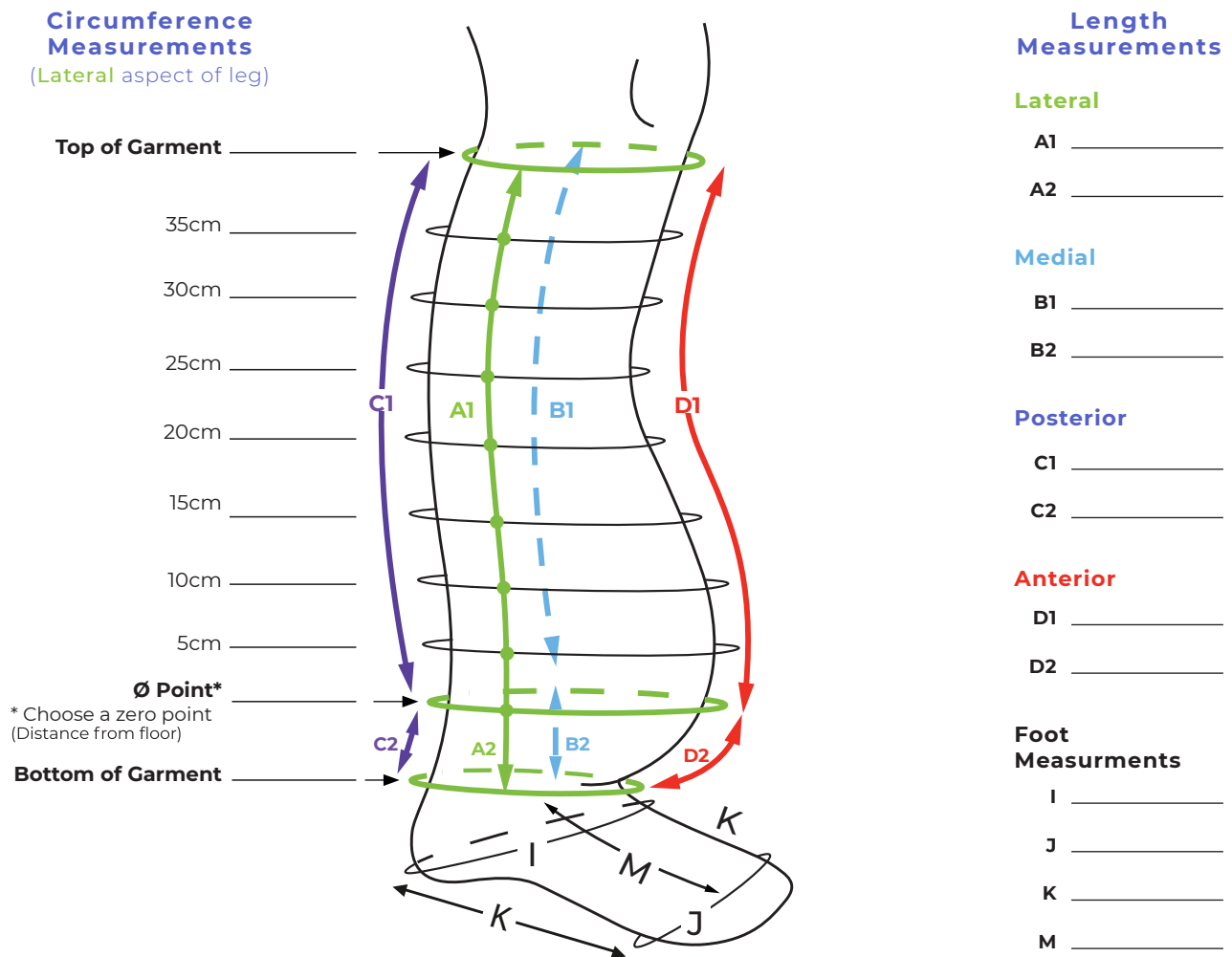
## Legassist Calf & Foot with Shelf

### Product Information

Product includes one Legassist Calf and One Compreboot Plus Foot.

- |                                    |   |  |
|------------------------------------|---|--|
| <input type="checkbox"/> Right Leg | Foam  | Additional Foot Option                                       |
| <input type="checkbox"/> Left Leg  | <input type="checkbox"/> Flat <input type="checkbox"/> Wavefoam | <input type="checkbox"/> Custom Medaboot (additional charge) |

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



Scan the QR code to view a Measuring Instruction video

