



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

SIGVARIS

LEGASSIST - BK with SHELF Measure & Order Form

I have watched the online instruction video for the LegAssist™ custom garment.
 I have read and understand the written measuring instructions for the LegAssist™ custom garment.

Orders will not be accepted without all three boxes being checked. Your assistance in this will help the patient receive a better product in less time.

PRODUCT OPTIONS

LEG: Left Right **FOAM:** Regular (flat foam) Advanced (WaveFoam™)
FOOT OPTIONS: CompreBoot™ PLUS (included - see pg. 53 for sizing) Custom MedaBoot™ (additional charge)

Lengths Above Ø

Anterior Length _____ **A**

Medial Length _____ **B**

Posterior Length _____ **C**

Lateral Length _____ **D**

Lengths Below Ø

Anterior Length _____ **A₁**

Medial Length _____ **B₁**

Posterior Length _____ **C₁**

Lateral Length _____ **D₁**

_____ **I**
 _____ **J**
 _____ **K**
 _____ **M**

Follow the contour of the limb on all measurements

● = Locations measured along lateral aspect of leg.

