



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

sigvaris

Legassist Full Leg

Product Information

Product includes one Legassist Full Leg and one Compreboot Plus Foot.

<input type="checkbox"/> Right Leg	<input type="checkbox"/> Left Leg	Foam	Additional Foot Option	Optional
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"/> Wavefoam	<input type="checkbox"/> Custom Medaboot (additional charge)	<input type="checkbox"/> Hip Attachment
<input type="checkbox"/> Right Leg	<input type="checkbox"/> Left Leg	Foam	Additional Foot Option	Optional
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"/> Wavefoam	<input type="checkbox"/> Custom Medaboot (additional charge)	<input type="checkbox"/> Hip Attachment

Note: If the greatest circumference measurement is >90cm, order a Super.

Circumference Measurements

● = Locations measured along Lateral aspect of leg

Top of Garment _____

35cm _____

30cm _____

25cm _____

20cm _____

15cm _____

10cm _____

5cm _____

Ø Point _____

Mid Patella _____

Ø Point _____

5cm _____

10cm _____

15cm _____

20cm _____

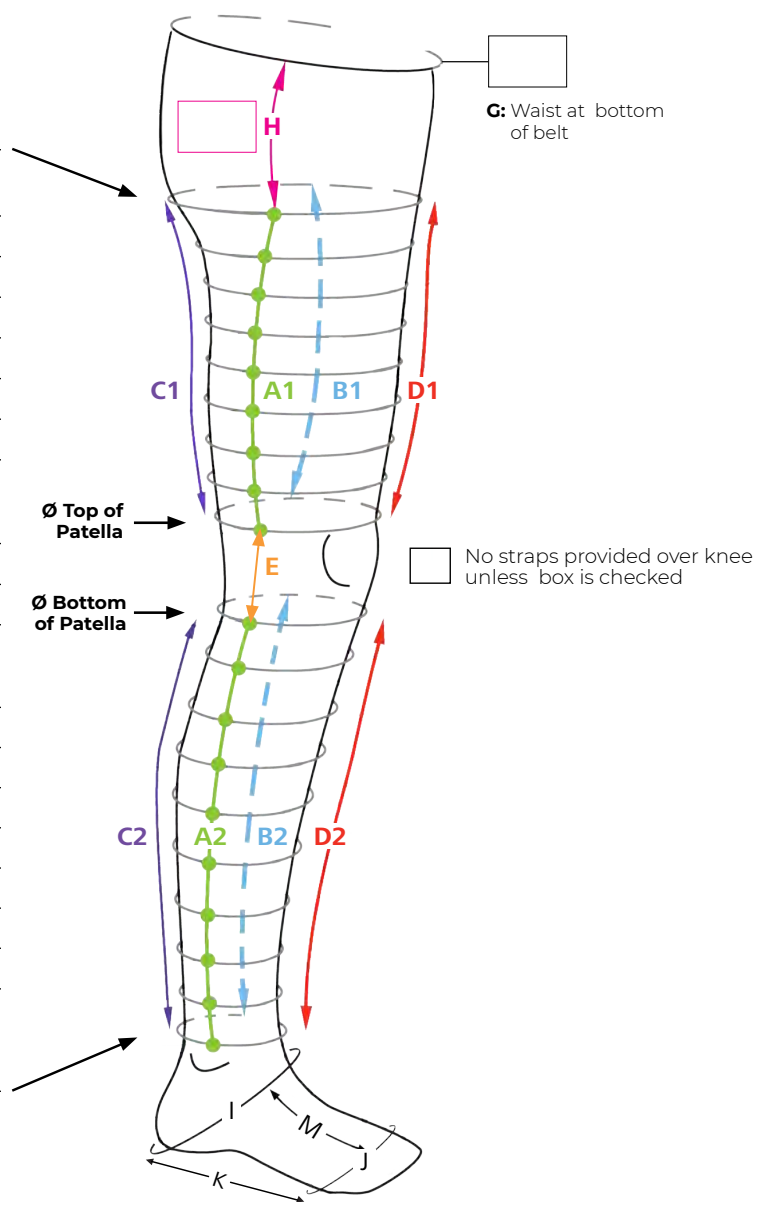
25cm _____

30cm _____

35cm _____

40cm _____

Ankle Bend _____



Length Measurements

Lateral

A1 _____

A2 _____

Medial

B1 _____

B2 _____

Posterior

C1 _____

C2 _____

Anterior

D1 _____

D2 _____

Knee

E _____

Foot Measurements

I _____

J _____

K _____

M _____