



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

sigvaris

Chipflow Full Leg

Product Information

Product includes one custom Chipflow Full leg, one Compreboot Standard Foot wrap, one Chip Foam Liner, and one pair of non-compressive Cotton Liners.

<input type="checkbox"/> Right Leg	Color: Black	Quantity:
<input type="checkbox"/> Right Foot	Color: Black:	Quantity:
<input type="checkbox"/> Left Leg	Color: Black	Quantity:
<input type="checkbox"/> Left Foot	Color: Black:	Quantity:

Important

Exact measurements are critical for this garment to ensure a proper fit. If you'd like to learn more about measuring and fitting, attend our MCE Basic Fitter Training. To sign up, visit sigvariseducation.com or contact your local territory manager for more information.

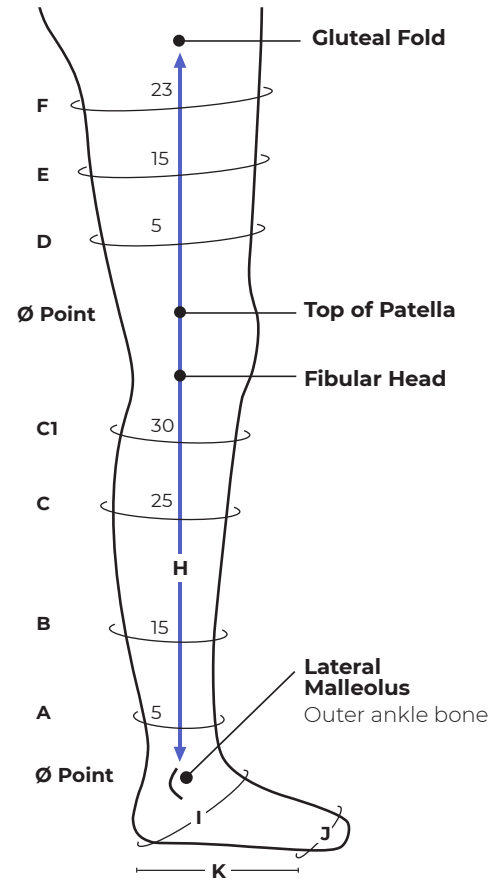
Alternatively, call Customer Care Solution Center at **800-322-7744**, or e-mail us_orders@sigvaris.com, to receive a remote consultation/training.

Supplies Needed

- Measuring instructions and forms.
- SIGVARIS GROUP Measuring tape and body pen (or eyeliner pencil).

Circumference

	Left	Right
F	_____	_____
E	_____	_____
D	_____	_____
C1	_____	_____
C	_____	_____
B	_____	_____
A	_____	_____
H	_____	_____
I	_____	_____
J	_____	_____
K	_____	_____



K: Measure **medial** length from heel to 1st metatarsal head

Chipflow Full Leg Size Chart (A-C1) (Available in Black Only)

Note: Product contains Measurement Limitations with Min & Max sizing for ankle, calf, and thigh

	Min	Max
F	48cm	90cm
E	43cm	84cm
D	38cm	81cm
C1	31cm	69cm
C	31cm	69cm
B	26cm	59cm
A	19cm	51cm

Black		
H Length	66cm	91cm

Measurement Disclaimer

Max thigh < 2x calf	Max calf < 2x ankle
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