



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

SIGVARIS

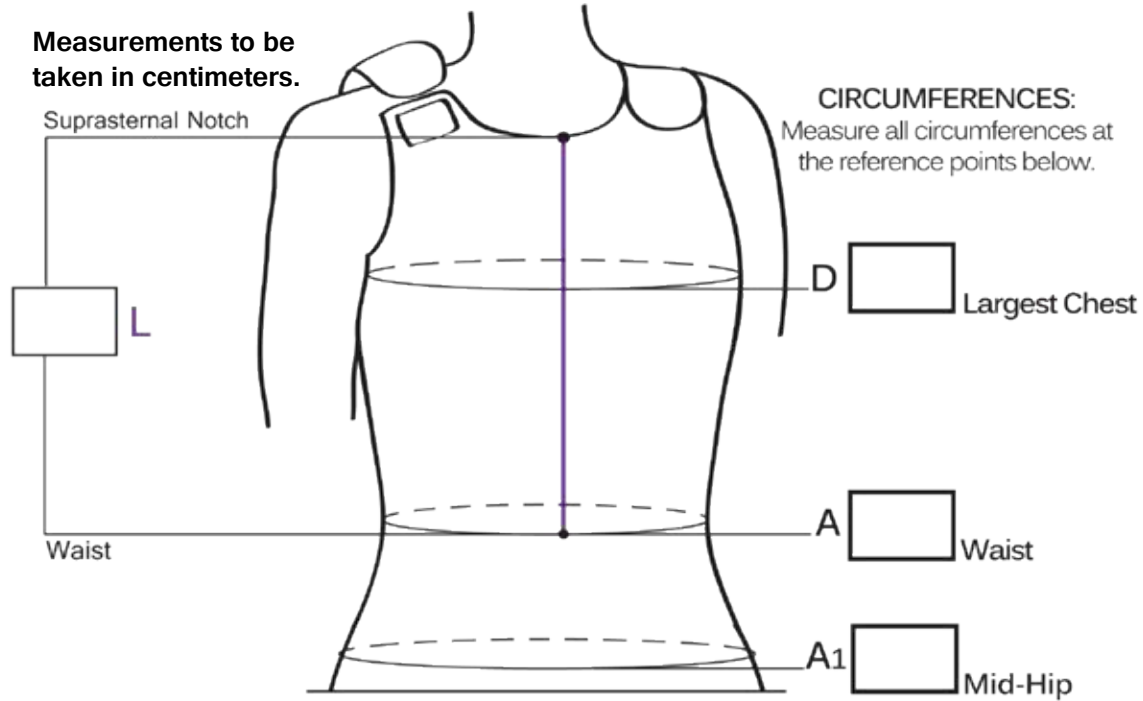
ChipVest™ Measure & Order Form

STYLE

Full (Bilateral) Left Side (Unilateral) Right Side (Unilateral)

CHANNEL DIRECTION

Vertical Horizontal



SIZING & ITEM NUMBERS

	X-SMALL	SMALL	MEDIUM	LARGE	X-LARGE	XX-LARGE
D	71 - 81	81 - 91	91 - 101	101 - 111	111 - 121	121 - 131
A	52 - 70	62 - 80	72 - 90	82 - 100	92 - 110	102 - 120
A1	76 - 96	86 - 106	96 - 116	106 - 126	116 - 136	126 - 146

L Short: 32 - 35 Regular: 35 - 38 Long: 38 - 41 X-Long: 41 - 44

MEASURING INSTRUCTIONS

1. Measure the **Length** from the suprasternal notch to the waist and record in **box L**.
2. Measure circumferences at **D**, **A**, and **A1** and record in the appropriate boxes.
3. Use charts to determine size/item number.

VERTICAL CHANNELS:

FULL	2730-V	2731-V	2732-V	2733-V	2734-V	2735-V
LEFT	2730-VL	2731-VL	2732-VL	2733-VL	2734-VL	2735-VL
RIGHT	2730-VR	2731-VR	2732-VR	2733-VR	2734-VR	2735-VR

HORIZONTAL CHANNELS:

FULL	2730-H	2731-H	2732-H	2733-H	2734-H	2735-H
LEFT	2730-HL	2731-HL	2732-HL	2733-HL	2734-HL	2735-HL
RIGHT	2730-HR	2731-HR	2732-HR	2733-HR	2734-HR	2735-HR