



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

# SIGVARIS

## CompreFLEX™ - LITE Measure & Order Form

### PRODUCT INFORMATION

LEFT LEG

RIGHT LEG

**ACCESSORIES** (additional cost):

Size: \_\_\_\_\_

Size: \_\_\_\_\_

Cotton Socks (extra pair) Qty: \_\_\_\_\_

Length: \_\_\_\_\_

Length: \_\_\_\_\_

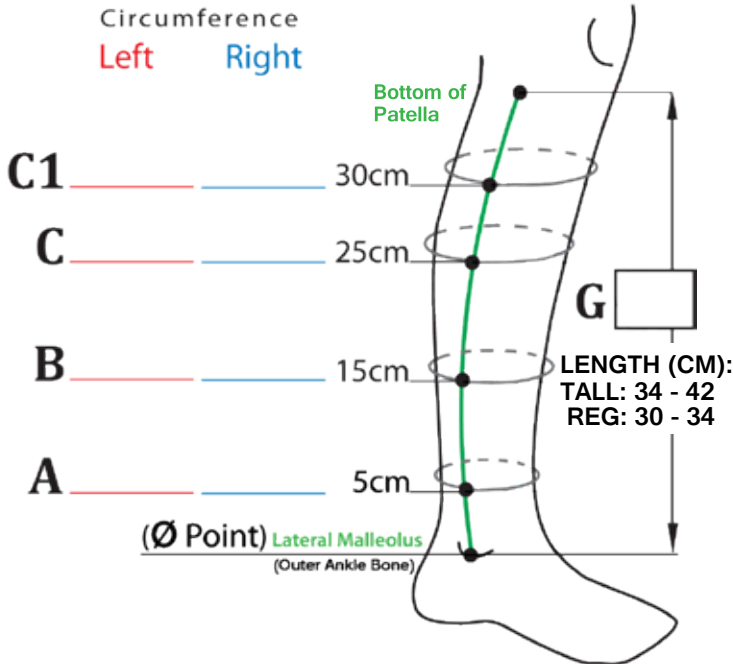
Silver Socks (pair) Qty: \_\_\_\_\_

Item #: \_\_\_\_\_

Item #: \_\_\_\_\_

Strap Extenders Qty: \_\_\_\_\_

### SIZING CHART & ITEM NUMBERS



#### COMPREFLEX - LITE

	SMALL	MEDIUM	LARGE	X - LARGE	XX - LARGE
<b>C1</b>	29 - 39	34 - 44	40 - 50	46 - 56	54 - 64
<b>C</b>	29 - 39	34 - 44	40 - 50	46 - 56	54 - 64
<b>B</b>	24 - 34	29 - 39	34 - 44	39 - 49	44 - 55
<b>A</b>	16 - 26	21 - 30	26 - 36	31 - 41	36 - 46
<b>REG</b>	1401-UC-BKR	1402-UC-BKR	1403-UC-BKR	1404-UC-BKR	1405-UC-BKR
<b>TALL</b>	1401-UC-BKT	1402-UC-BKT	1403-UC-BKT	1404-UC-BKT	1405-UC-BKT