



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

sigvaris

Compreshort Custom

Product Information

Custom Compreshorts are ideal for patients outside of the standard size range. Product includes one Compreshort Custom.

Short Length

Color: Black Quantity: _____

Capri Length

Color: Black Quantity: _____

Caution: Elastic Band in sizes 2XL and larger contains natural rubber latex.
Note: Ready to wear sizes are available in short and capri length.

Measuring Instructions

Step One:

Record the waist, hip, and midthigh measurements

Step Two:

Measure from the groin down and indicate the garment inseam length. Record the inseam length

Step Three:

Mark the end of the inseam and take a circumference measurement at that point. Record the inseam circumference

Step Four:

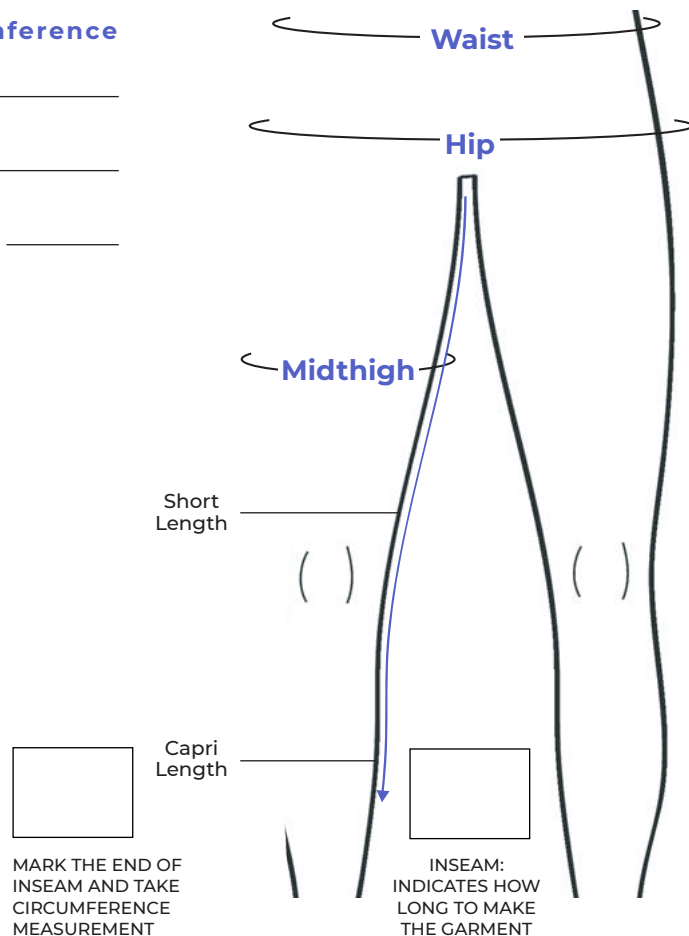
After recording these measurements, please call Customer Care Solution Center: **800-322-7744**

Circumference

Waist _____

Hip _____

Midthigh _____



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

- Cell phone with camera. Photos of relevant limbs with measurement markings must be emailed to: **us_orders@sigvaris.com**
- Measuring instructions and forms.
- SIGVARIS GROUP Measuring tape and body pen (or eyeliner pencil).
- Signed Custom Order Terms & Conditions Form (include with order).