

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

SIGVARIS

LEGASSIST-THIGH HIGH Measure & Order Form

I have read and understand the written measuring I have watched the online instruction

video for the LegAssist [™] custom garment instructions for the LegAssist [™] custom garment.	
Orders will not be accepted without all three boxes being checked. Your assistance in this will help the patient receive better product in less time.	
PRODUCT OPTIONS	
<u>LEG:</u> □Left □Right <u>FO</u>	AM: Regular (flat foam) Advanced (WaveFoam™)
OPTIONAL: ☐ Custom MedaBoot™ (additional charge) ☐ Hip Attachment (additional charge) ☐ Straps over knee	
	Waist G
Follow contour of limb on all measurem (All measurments in cm)	ents • = Locations measured along <i>lateral</i> aspect F Waist at bottom
Lateral Length A_1	Circumference* Gluteal Fold A1
$\begin{array}{ccc} \text{Medial} & & \\ \text{Length} & & & \\ \end{array} \hspace{-0.5cm} B_1$	35 cm 30 cm
Posterior Length C ₁	25 cm 20 cm
Anterior Length D1	15 cm B1
Knee SpaceE	Top of Patella
Lateral Length A_2	ttom of Patella Ø Point box checked above 5 cm
$\begin{array}{ccc} {}^{\text{Medial}} \\ {}^{\text{Length}} \end{array} \qquad \qquad B_2$	10 cm
Posterior Length C ₂	20 cm B ₂
Anterior Length D ₂	25 cm 30 cm
1	(If req'd) 40 cm M 3rd Metatarsal Head to Ankle Bend
J K	Metatarsal Heads
K	* Note: order a TH Super if greatest Circumference of Circumference is > 90 cm Ankle Bend and Heel
	1st Metatarsal Head to Heal

(or desired boot length)