Patients Name: Date:

Fitters Name: Fitters Title: (example PT/OT/PTA)

## LOWER EXTREMITY

### CALF STYLE
1. Ankle Circumference at narrowest part of ankle, above ankle bone (b) __________
2. Calf Circumference at fullest part of the calf (c) __________
3. Calf Length from floor up to the bend of the knee (outside of calf) (A–D) __________

### THIGH-HIGH STYLE
(continue from steps 1–3)
4. Thigh Circumference at its widest circumference (g) __________
5. Thigh Length from floor up to the gluteal fold (A–G) __________
6. Hip Circumference at widest part of the hip (f) __________

### Donning Accessories
- SIGVARIS ARION Sim-Slide (Open Toe Donning Device)
- SIGVARIS ARION Magnide On/Off (Closed Toe Donning Device)
- Latex-Free Donning Gloves
- SIMON (Donning Device)
- Rubber Donning Gloves
- SIGVARIS Doff N’ Donner (Donning Device)
- Cotton Underliner
- S.O.S. (Slip On SIGVARIS Donning Device)

### Products

<table>
<thead>
<tr>
<th>Products</th>
<th>Compression</th>
<th>Style</th>
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</thead>
<tbody>
<tr>
<td>550 SECURE BELOW KNEE*</td>
<td>20–30 mmHg, 30–40 mmHg, 40–50 mmHg</td>
<td>Closed Toe: Calf w/grip-top, Thigh w/grip-top</td>
<td>Beige (77), Black (99)</td>
</tr>
</tbody>
</table>

* 40–50mmHg made on demand. Please allow 7–10 days for delivery.