



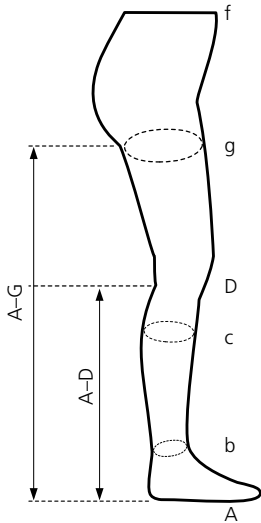
SIGVARIS

NON-CUSTOM CIRCULAR KNIT LEG STOCKING MEASURING FORM & CHART

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

SEND TO:
Luna Medical, Inc.
 1057 W Grand Ave, Ste. 1
 Chicago, IL 60642
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 P: 800.380.4339
 F: 888.696.0299

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)** _____

Series	Features	Best Suited For
SECURE BELOW KNEE	Maintains more graduated compression throughout the leg compared to traditional stockings	Chronic venous insufficiency (CVI) Lymphedema or Lipedema
78% Nylon 22% Spandex	High modulus in-lay yarns provide containment and work to maintain limb profile	Recurrent venous ulcers Deep vein thrombosis (DVT)
(contents may vary by style)	Secure dotted grip-top band	Superficial phlebitis
Not made with natural Latex rubber	Double-covered yarns ensure no bare spandex next to the skin	Post-thrombotic syndrome
	Unique sizing system fits a wide range of regular and full sizes—up to 40 inch thighs	Severe varicosities Orthostatic hypotension and post-phlebotic syndrome

Donning Accessories

<input type="checkbox"/> SIGVARIS ARION Sim-Slide (Open Toe Donning Device)	<input type="checkbox"/> SIGVARIS ARION Magnide On/Off (Closed Toe Donning Device)
<input type="checkbox"/> Latex-Free Donning Gloves	<input type="checkbox"/> SIMON (Donning Device)
<input type="checkbox"/> Rubber Donning Gloves	<input type="checkbox"/> SIGVARIS Doff N' Donner (Donning Device)
<input type="checkbox"/> Cotton Underliner	<input type="checkbox"/> S.O.S. (Slip On SIGVARIS Donning Device)

Products	Compression	Style	Colors
550 SECURE BELOW KNEE*	<input type="checkbox"/> 20-30 mmHg <input type="checkbox"/> 30-40 mmHg <input type="checkbox"/> 40-50 mmHg	Closed Toe: <input type="checkbox"/> Calf w/grip-top <input type="checkbox"/> Thigh w/grip-top	<input type="checkbox"/> Beige (77) <input type="checkbox"/> Black (99)

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

For indications and contraindications, please see prescribing information at sigvarisusa.com

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