



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

## Exo Custom™ Lower Extremity Measuring and Order Form

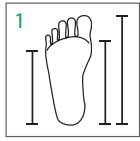
### Measuring Instructions

Have a non-toxic washable marker, tape measure, and pen available.

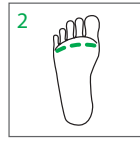
Measure client after therapy or in the morning.

Measure with client standing and weight evenly distributed.

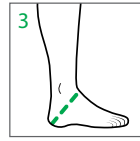
Measure lengths straight, do not follow leg contours.



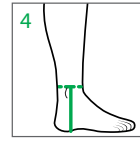
Foot Lengths



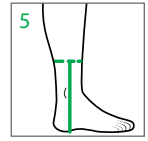
A c  
Circumference at MTP



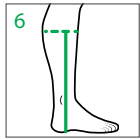
Yc  
Circumference at Instep / Heel



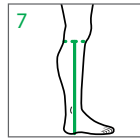
B  
Floor to Narrowest Point of Ankle



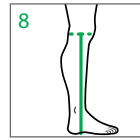
B<sup>1</sup>  
Floor to Narrowest Point of Calf Calf transition



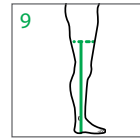
C  
Floor to Widest Point of Calf



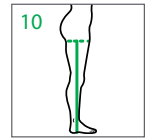
D  
Floor to Base of Patella



E  
Floor to Mid-Patella



F  
Floor to Mid-Thigh



G  
Floor to Gluteal Fold

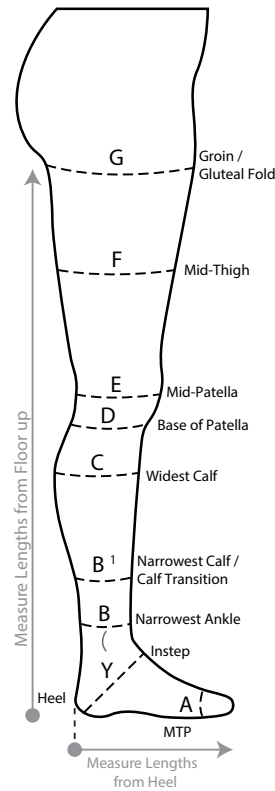
### Ordering Information

Quantity & Item Code	
Qty	EC-LE- _____ L / R
	EC-LE- _____ L / R
Color: <input type="checkbox"/> Beige L / R <input type="checkbox"/> Black L / R	
Compression	
<input type="checkbox"/> 18 - 21 mmHg L / R <input type="checkbox"/> 23 - 32 mmHg L / R	
<input type="checkbox"/> 34 - 46 mmHg L / R	
Distal Foot Options	
Toe: <input type="checkbox"/> Closed L / R <input type="checkbox"/> Open L / R	
Finish: <input type="checkbox"/> Slant L / R <input type="checkbox"/> Straight L / R	
<b>Modifications</b>	
Qty	Pocket (select Place)
Place: <input type="checkbox"/> Back Knee L / R <input type="checkbox"/> Instep L / R	
Silicone (select Width and Place)	
Width: <input type="checkbox"/> 3.5 cm L / R <input type="checkbox"/> 5 cm L / R	
Place: <input type="checkbox"/> Inside L / R <input type="checkbox"/> 3/4 Inside L / R	
<input type="checkbox"/> Top L / R	
Zipper L / R (note start / end location below)	
Label Placement on Garment	
Place: <input type="checkbox"/> Inside L / R <input type="checkbox"/> Outside L / R	
Priority Production	
<input type="checkbox"/>	Priority Production (additional fee)
Comments	

### LEFT LEG MEASUREMENTS

CIRC C	LENGTH I
Gc <input type="text"/>	Gl <input type="text"/>
Fc <input type="text"/>	Fl <input type="text"/>
Ec <input type="text"/>	El <input type="text"/>
Dc <input type="text"/>	DI <input type="text"/>
Cc <input type="text"/>	CI <input type="text"/>
B <sup>1</sup> c <input type="text"/>	B <sup>1</sup> I <input type="text"/>
Bc <input type="text"/>	BI <input type="text"/>
Yc <input type="text"/>	
Ac <input type="text"/>	

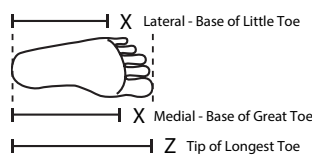
Please measure in centimeters



### RIGHT LEG MEASUREMENTS

CIRC C	LENGTH I
Gc <input type="text"/>	Gl <input type="text"/>
Fc <input type="text"/>	Fl <input type="text"/>
Ec <input type="text"/>	El <input type="text"/>
Dc <input type="text"/>	DI <input type="text"/>
Cc <input type="text"/>	CI <input type="text"/>
B <sup>1</sup> c <input type="text"/>	B <sup>1</sup> I <input type="text"/>
Bc <input type="text"/>	BI <input type="text"/>
Yc <input type="text"/>	
Ac <input type="text"/>	

### FOOT LENGTH MEASUREMENTS



LEFT	
Lateral XI	<input type="text"/>
Base of Little Toe	
Medial XI	<input type="text"/>
Base of Great Toe	
Closed Toe ZI	<input type="text"/>
Tip of Longest Toe	

RIGHT	
Lateral XI	<input type="text"/>
Base of Little Toe	
Medial XI	<input type="text"/>
Base of Great Toe	
Closed Toe ZI	<input type="text"/>
Tip of Longest Toe	

Foot tracings are always appreciated