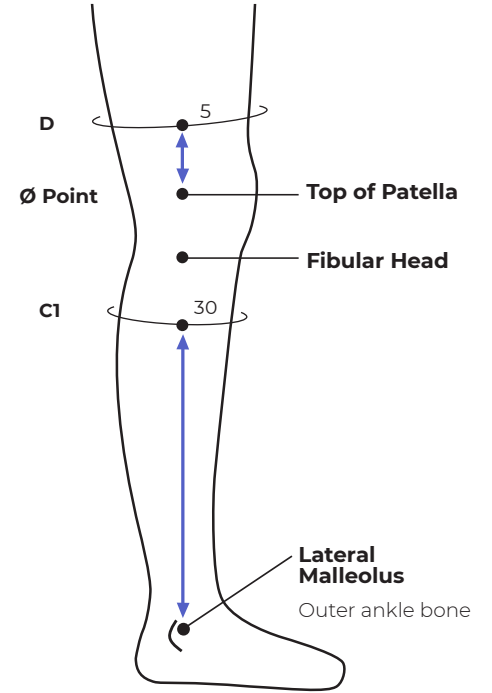


Patient Name:	Contact Name:
Account Name:	Account #:
Account Phone #:	P.O. #:
Ship Name & Address:	Date:

Circumference

	Left	Right
D	_____	_____
C1	_____	_____



Product Information

Compreknee™ Standard Right Item #:
 Color: Black Beige Size: Quantity:

Compreknee Standard Extend Left Item #:
 Color: Black Beige Size: Quantity:

Compreknee Standard Right Item #:
 Color: Black Beige Size: Quantity:

Compreknee Standard Extend Left Item #:
 Color: Black Beige Size: Quantity:

Compreflex® Standard Knee Right Item #:
 Color: Black Beige Size: Quantity:

Compreflex Standard Knee Left Item #:
 Color: Black Beige Size: Quantity:

Compreknee Size Chart (C1-D)

	Small	Medium	Large / X Large
D	38-48	46-56	53-73
C1	29-39	34-44	39-65

Standard (Closed Patella)

Black	1101-KP	1102-KP	1103-KP
Beige	1111-KP	1112-KP	1113-KP

Standard Extend (Open Patella)

Black	1101-KP-OP	1102-KP-OP	1103-KP-OP
Beige	1111-KP-OP	1112-KP-OP	1113-KP-OP

Compreflex Standard Knee Size Chart (C1-D)

	Small	Medium	Large	X Large
D	38-48	46-56	53-63	58-73
C1	29-39	34-44	39-49	44-65
Black	1401-KP	1402-KP	1403-KP	1404-KP
Beige	1411-KP	1412-KP	1413-KP	1414-KP

A PDF of this order form can be found online at: sigvaris.group/mceforms or scan here:

