

LOWER EXTREMITY MEASUREMENT CHART

Bio-Concepts Custom Pressure Garments are available only under Physician's Order



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PLEASE DO NOT WRITE IN MARGINS

Patient **Last Name** _____ **First Name** _____

Date _____

Garment color _____

Insert _____

Lining _____

Zipper(s):
 Left Lateral Medial Hook & loop zipper stop tab
 Right Lateral Medial Hook & loop zipper stop tab

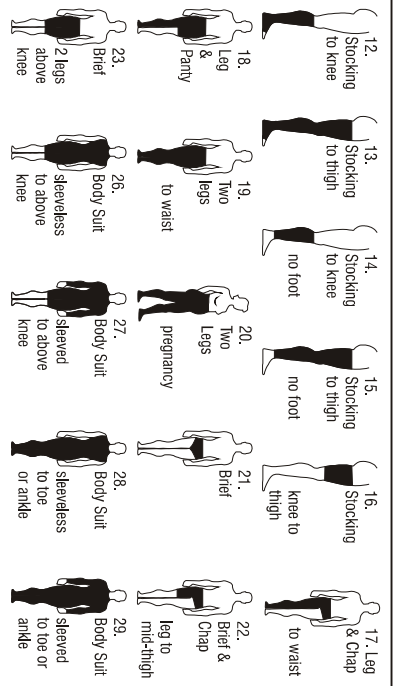
Length (if not full)
& Location: _____

Expansion panel: Left Right
(default location is posterior leg)

Suspenders: Attached Removable
 Open pubis Waist hook & loop tabs to attach to torso (N/C)
 Closed pubis

Refer to the Bio-Concepts Measuring Manual for detailed procedures, additional instructions, and example measuring charts.

Additional instructions or comments:

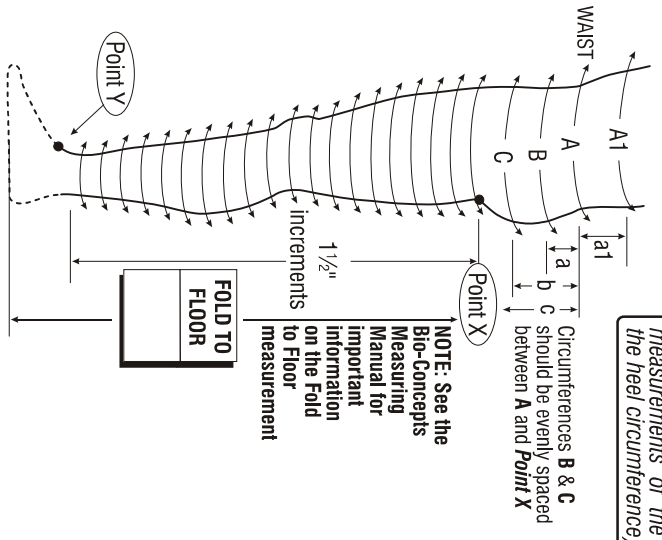


STUMP MEASUREMENT

	LEFT	RIGHT
h		
i		

Stump cover style: Orange peel Insert

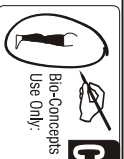
Use this form for all garments requiring measurements of the leg(s). Use the FOOT MEASUREMENT CHART for all measurements of the foot (including the heel circumference).



NOTE: See the Bio-Concepts Measuring Manual for important information on the Fold to Floor measurement

TORSO	
A	
B	
C	
a	
b	
c	
A ₁	
a ₁	

START AT X or Y	LEFT LEG	RIGHT LEG
0		
1 1/2		
3		
4 1/2		
6		
7 1/2		
9		
10 1/2		
12		
13 1/2		
15		
16 1/2		
18		
19 1/2		
21		
22 1/2		
24		
25 1/2		
27		
28 1/2		
30		
31 1/2		
33		



CIRCLE ITEMS ORDERED

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