

ORDER FORM
CUSTOM PRESSURE GARMENTS



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SUMMED Medical Solutions
 36 W. Route 70, Ste 214, Marlton NJ 08053
 P: 800-714-7434 F: 800-715-5422
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 www.bio-con.com

PLEASE DO NOT WRITE IN MARGINS

Bio-Concepts Patient Number **PAT** _____

ORDER DATE _____ NEED BY DATE _____

SHIP TO Facility Patient

Specify Shipping Method: _____

MM/DD/YYYY MM/DD/YYYY

New Patient Existing Patient

REQUIRED PATIENT INFORMATION

Date of Birth MM/DD/YYYY Gender _____

Last Name _____ First Name _____

IS THIS A BURN PATIENT? Yes No Edema Traumatic Scar Lymphedema

Desired Pressure: mmHg Other: _____

FACILITY INFORMATION _____

Purchase Order # _____

Billing Contact _____

Billing Telephone _____

Name of Facility _____

Shipping Address _____

Billing Address _____

NOTE: Bio-Concepts Custom Pressure Garments are available only under physician's orders.

Measured by _____

Quickest way to contact you: Telephone/Pager/Fax/Email _____

The full destination address. Include the department, room number, apartment number, etc. If shipping to patient, include the patient's phone number.

The address where we will send our invoice if different from the shipping address. If we are to bill insurance, write "insurance" and provide information below.

IF BILLING INSURANCE/WORKMAN'S COMP/HEALTH PLAN

NOTE: Please leave these spaces blank unless you want us to try billing the patient's health plan. Attach a copy of the prescription, letter of medical necessity, insurance card, and, if available, a copy of the hospital face sheet.

Insurance Carrier _____ Date of Injury _____

Insurance Telephone _____ MM/DD/YYYY

Part No.	Description	Garment(s) Ordered		
		Qty L	Qty R	Total Qty

NEVER RESEND OLD CHARTS OR OLD MEASUREMENTS TO REORDER
BIO-CONCEPTS USE ONLY
 (Please write nothing in this block)

Download these charts at: www.bio-con.com/custom_garments.php

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TORSO MEASUREMENT CHART

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

Patient _____ Last Name _____ First Name _____
 Date _____

Garment color _____

Insert _____

Lining _____

Zipper: Front or Back Hook & loop zipper stop tab

Regular neck

Scoop neck: Distance below sternal notch _____

Turtle neck: 3/4" 1" 1 1/2" 2" 2 1/2"

Expansion panel: Left side Right side (default expansion panel location is lateral)

Soft armpit panels (N/C) Waist hook & loop tabs
 Mesh armpit panels (N/C) to attach to pants (N/C)

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

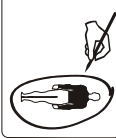
Additional instructions or comments:

Bio Concepts
 compression garments
 2424 East University
 VOICE: 800-421-5647
 e-mail: bio-con@bio-

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CIRCLE ITEMS ORDERED

Bio-Concepts Use Only: F=



For a Vest (Items 30A, 31)

required: A, B, C, D, G, H, h, c, d
 for adult female: brassiere cup size torso circumference over breasts
 optional: K, k (see illustrations below)

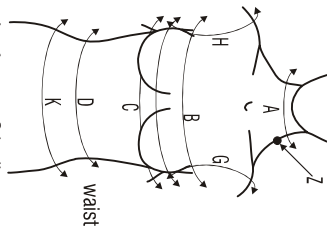
For a Body Brief or Suit (Items 24, 25, 26, 27, 28, 29)

required: All, except K and k
 for adult female: brassiere cup size torso circumference over breasts
 optional: None

For other torso garments refer to the Measuring Manual

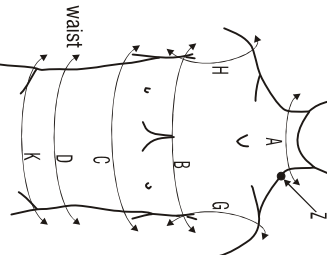
CIRCUMFERENCES

Adult Female Torso



CIRCUMFERENCES

Male & Child Torso

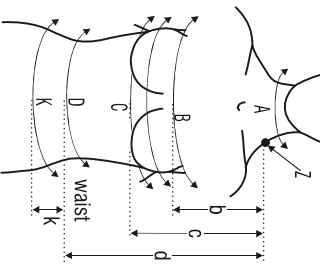


For adult females: **C** is directly below the breasts. Don't forget to take an additional circumference of the torso over the breasts.

For adult males and children: **C** is halfway between **D** and **B**.

DISTANCES

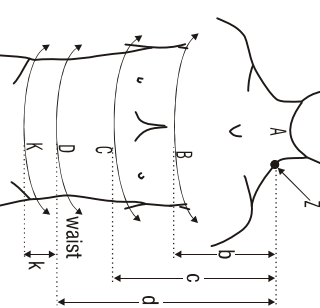
Adult Female Torso



b, c, d, and k are measured from **Z** to **B**, **C**, **D**, and **K** down the front of the torso.

DISTANCES

Male & Child Torso

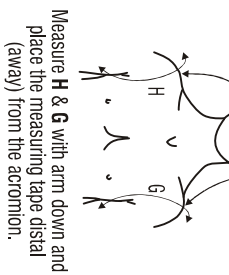


K and k are OPTIONAL. They are to extend Vests below waist line, not for Body Briefs and Body Suits.

24. Body Brief sleeveless
 25. Body Brief sleeved
 26. Suit Sleeveless to above knee
 27. Suit Sleeved to above knee
 28. Suit Sleeveless to toe or ankle
 29. Suit Sleeved to toe or ankle
 30A. Vest sleeveless
 30B. Sternal Strap
 31. Vest sleeved
 34B. Belly Band

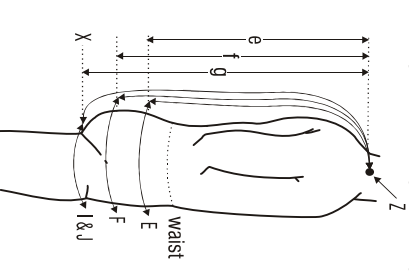
For Adult Females:
 Brassiere cup size: _____
 Chest circumference (over nipples): _____

HOW TO MEASURE CIRCUMFERENCES G & H



Measure **H** & **G** with arm down and place the measuring tape distal (away) from the acromion.

ADDITIONAL DISTANCES & CIRCUMFERENCES Body Briefs & Body Suits Only



E and F are evenly spaced between the waist and the gluteal fold.

A	
B	
C	
D	
E	
F	
G	
H	
I	
J	
K	
L	
M	
N	
O	
P	
Q	
R	
S	
T	
U	
V	
W	
X	
Y	
Z	

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