



36 W. Route 70, Ste 214, Marlton NJ 08053
 P: 800-714-7434 F: 800-715-5422

Asymmetrical Lower Extremity Supplemental Measuring Form

FDA Class 1. CFR 880.5160.

Include Precise Gauge
 Include Carry Case

Custom Colors - Classic Only:
 ■ Default color is Black

■ Shell: _____
 Accent: _____
 ■ Liner: _____

Special Requests:

Custom Options:

Groin cut-out
 Zipper (1/2 leg only)
 D-rings
 Hip/Knee Extension (NEW)
 Hip/Knee Extension (OLD)

No Foot
 Foam Density: Light
 Foam Density: Medium
 Foam Density: Heavy

Photographs are **REQUIRED** for all asymmetrical orders

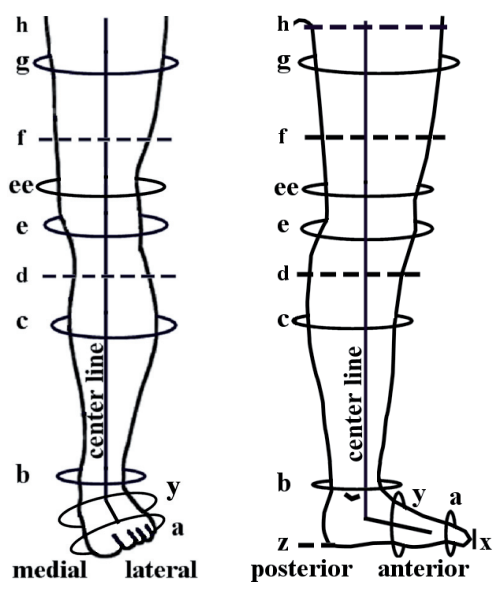
Measuring For:

Left Side
 Right Side

Full Leg
 3/4 Leg
 1/2 Leg

Measuring In:

Inches
 Centimeters



Fill In All Circumferences:
 (check and measure one set)

| TOTAL | <input type="checkbox"/> Medial | <input type="checkbox"/> Lateral |
|-----------------------|-----------------------------------|------------------------------------|
| | <input type="checkbox"/> Anterior | <input type="checkbox"/> Posterior |
| (Groin) h _____ | _____ | _____ |
| (Thigh) g _____ | _____ | _____ |
| (Mid-Thigh) f _____ | _____ | _____ |
| (Above-Knee) ee _____ | _____ | _____ |
| (Knee) e _____ | _____ | _____ |
| (Below-Knee) d _____ | _____ | _____ |
| (Calf) c _____ | _____ | _____ |
| (Ankle) b _____ | _____ | _____ |
| (Instep) y _____ | _____ | _____ |
| (Toe) a _____ | _____ | _____ |

Fill In All Medial Lengths:

z-h _____ Heel to Groin (Full Leg)
 z-g _____ Heel to Thigh
 z-f _____ Heel to Mid-Thigh (3/4 Leg)
 z-ee _____ Heel to Above-Knee
 z-e _____ Heel to Knee (center patella)
 z-d _____ Heel to Below Knee (1/2 Leg)
 z-c _____ Heel to Calf
 z-b _____ Heel to Ankle
 z-x _____ Foot Length
 z-? _____ Heel to Bottom of Protuberance

Patient Information

Name or Order# _____ Height _____ Weight _____
 I authorize release of my name to Peninsula BioMedical Inc. for identification purposes related to manufacturing of my custom garment.

Signature (patient) _____ Date _____

For Peninsula BioMedical Use Only
 Finished goods inspected for quality compliance to above specifications:

By _____ Date _____

Bill To

PO Number _____
 Name _____
 Address: _____
 Phone: _____

Ship To
 (if different than billing info)

Name _____
 Address: _____
 Phone: _____

Method of Shipping
 (default method is 3-Day or Ground if destination is on the West Coast)

Ground 3-Day 2-Day Overnight Other _____

I understand that this is a custom made garment and the garment will be made to the measurements specified above. Peninsula BioMedical, Inc. is not responsible for measuring errors. Should the garment need to be returned for alterations due to measurement errors, the fee for alterations are the responsibility of the undersigned.

Signature (guarantor of measurements) _____ Date _____

If credit terms have been provided, I agree to pay the total amount on the invoice within the terms on file with Peninsula BioMedical. All invoices are **due and payable within 30 days or per terms of written agreement** of the date listed on the invoice. Any invoice over 30 days or the written terms on file is considered delinquent and a **1.5% late fee** will be **assessed monthly**. Should any invoice become delinquent I understand the account may be placed on a C.O.D. basis, a prepay basis or the account may be suspended.

Signature (purchaser) _____ Date _____