

Patient Name:	Contact Name:	Height:	Weight:	Date:
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Ship Name & Address:	Account Name:	Account #:	P.O #:
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Product Information

Product includes one Legassist Full Leg and one Compreboot Plus Foot.

<input type="checkbox"/> Right Leg	<input type="checkbox"/> Left Leg	Foam	Additional Foot Option	Optional
Size: <input type="checkbox"/> Regular <input type="checkbox"/> Super	Size: <input type="checkbox"/> Regular <input type="checkbox"/> Super	<input type="checkbox"/> Flat	<input type="checkbox"/> Custom Medaboot (additional charge)	<input type="checkbox"/> Hip Attachment
		<input type="checkbox"/> Wavefoam		

<input type="checkbox"/> Right Leg	<input type="checkbox"/> Left Leg	Foam	Additional Foot Option	Optional
Size: <input type="checkbox"/> Regular <input type="checkbox"/> Super	Size: <input type="checkbox"/> Regular <input type="checkbox"/> Super	<input type="checkbox"/> Flat	<input type="checkbox"/> Custom Medaboot (additional charge)	<input type="checkbox"/> Hip Attachment
		<input type="checkbox"/> Wavefoam		

Note: If the greatest circumference measurement is >90cm, order a Super.

Circumference Measurements

● = Locations measured along Lateral aspect of leg

Top of Garment

- 35cm _____
- 30cm _____
- 25cm _____
- 20cm _____
- 15cm _____
- 10cm _____
- 5cm _____

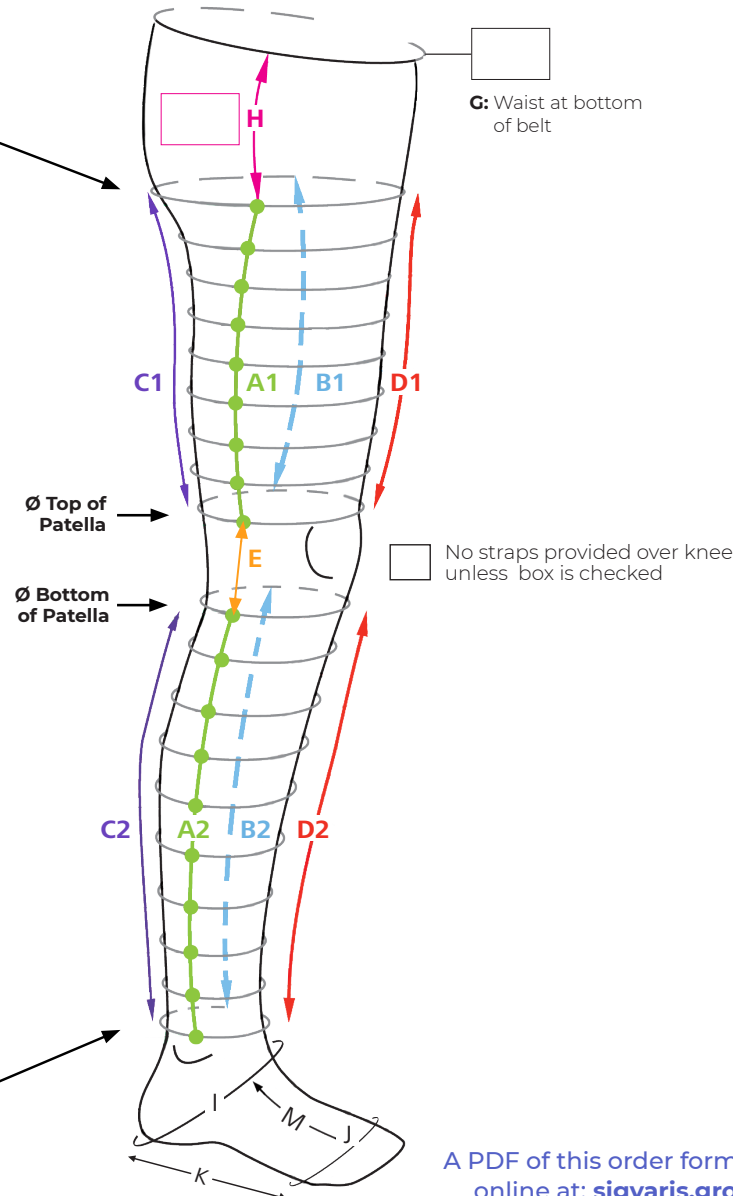
Ø Point

Mid Patella

Ø Point

- 5cm _____
- 10cm _____
- 15cm _____
- 20cm _____
- 25cm _____
- 30cm _____
- 35cm _____
- 40cm _____

Ankle Bend



Length Measurements

Lateral

A1 _____

A2 _____

Medial

B1 _____

B2 _____

Posterior

C1 _____

C2 _____

Anterior

D1 _____

D2 _____

Knee

E _____

Foot Measurements

I _____

J _____

K _____

M _____

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

