

LOWER EXTREMITY MEASUREMENT CHART

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



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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

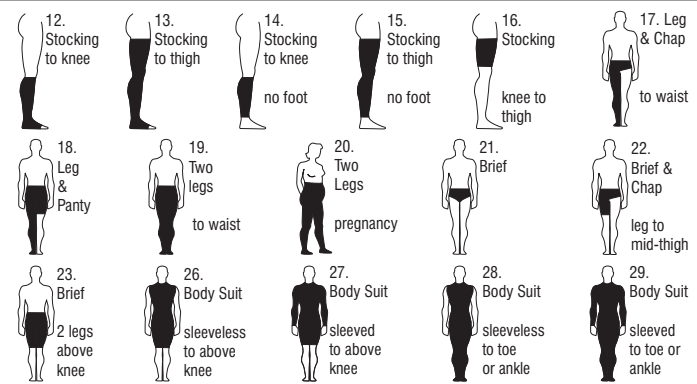
Length (if not full) _____
 & Location: _____

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:

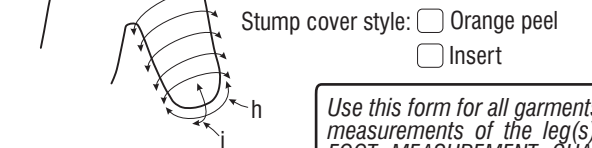


CIRCLE ITEMS ORDERED

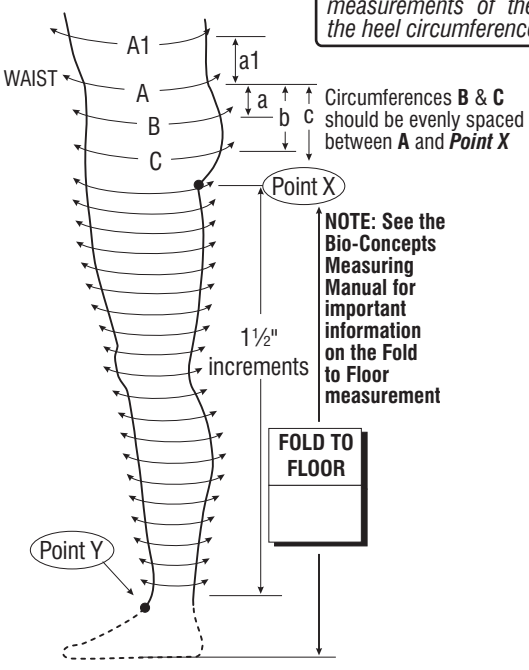
Bio-Concepts Use Only: F=

START AT X or Y	LEFT LEG	RIGHT LEG
0		
1½		
3		
4½		
6		
7½		
9		
10½		
12		
13½		
15		
16½		
18		
19½		
21		
22½		
24		
25½		
27		
28½		
30		
31½		
33		

STUMP MEASUREMENT	LEFT	RIGHT
h		
i		



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).



TORSO	
A	
B	
C	
a	
b	
c	
A ₁	
a ₁	