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**INSTRUCTIONS: MEASURE THE CIRCUMFERENCE OF THE LEG USING A STANDARD MEASURING TAPE.**

**NOTE:** When measuring patients please write the exact measurements on this form below. The additional inches/centimeters for the proper fit will be added by production personnel at Bio Compression. Please indicate in proper anatomical area below, any additional unusual measurements pertinent to the fitting.

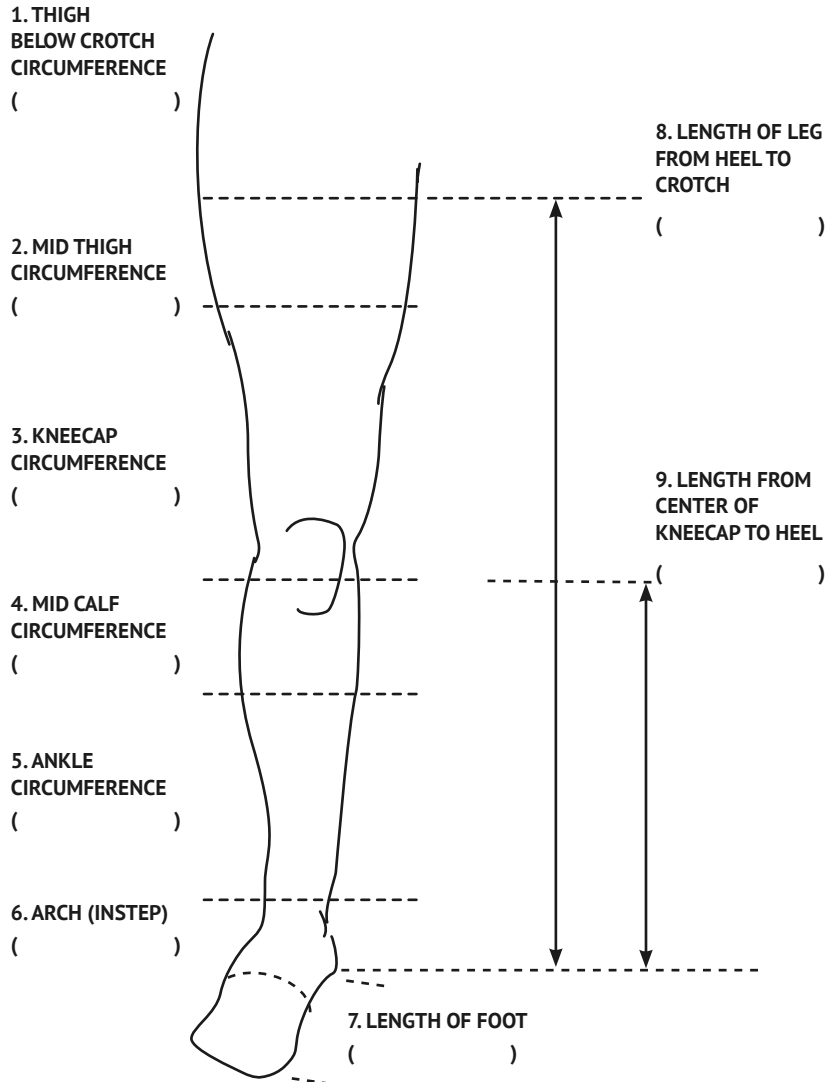
**Custom Sleeve Order Form Lower Extremity**

**TYPE OF MEASUREMENTS:**

INCHES  CENTIMETERS

**TYPE OF SLEEVE:**

4-CHAMBER  8-CHAMBER



Qty Ordered \_\_\_\_\_ Ordered by \_\_\_\_\_ P.O.# \_\_\_\_\_ Pump \_\_\_\_\_

Company Name

Authorized Person \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Phone # \_\_\_\_\_ E-mail: \_\_\_\_\_

Special Instructions \_\_\_\_\_