



LegAssist™ - LCS Custom Measuring Form

PO#: _____ Company: _____ Date: _____

Contact Name: _____ Phone: _____

Bill-To Address: _____

Ship-To Address: _____

Patient: _____ Sex: _____ Age: _____ Ht: _____ Wt: _____

Foam (check one): Regular Advanced (WaveFoam™) Leg (check one): Right Left

Hip Attachment
(optional - charges apply) (Measurements F & G required)

Waist **G** _____
Waist at bottom of belt

Follow contour of limb on all measurements
(All measurements in cm)

Lateral Length _____ **A1**

Medial Length _____ **B1**

Posterior Length _____ **C1**

Anterior Length _____ **D1**

Lateral Length _____ **A2**

Medial Length _____ **B2**

Posterior Length _____ **C2**

Anterior Length _____ **D2**

• = Locations measured along *lateral* aspect

Circumference*

Gluteal Fold _____

A1

30 cm

25 cm

20 cm

15 cm

10 cm

5 cm

Ø Point

5 cm

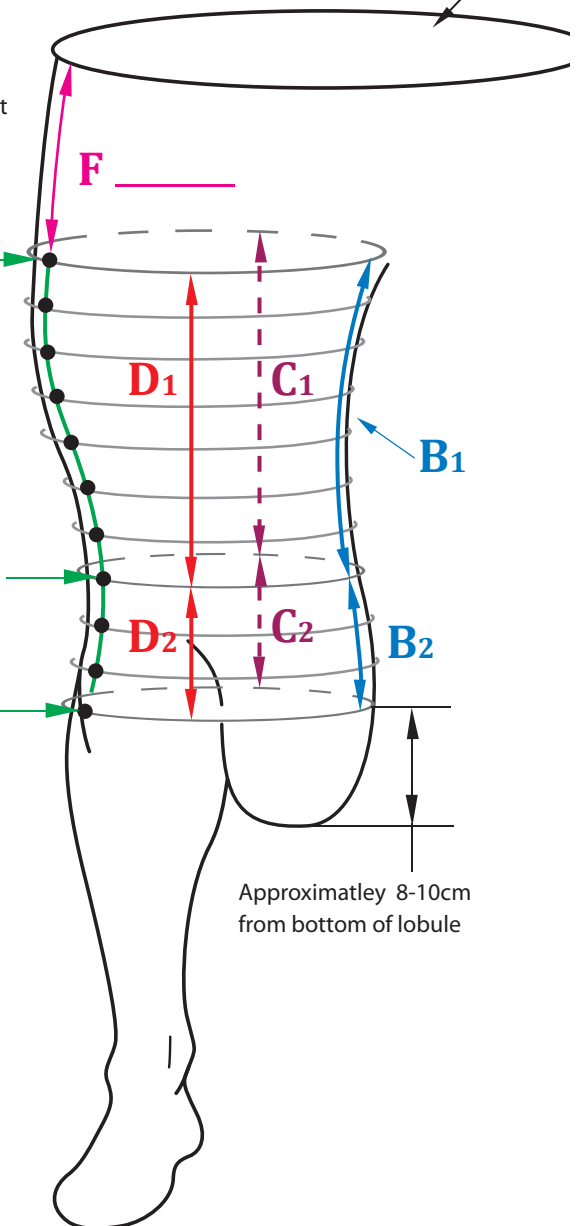
10 cm

A2

Pick a zero point*

Bottom of Garment*
*See instructions

Note: order a LCS Super
if greatest circumference is > 90 cm



Approximatley 8-10cm
from bottom of lobule