

P.O. #	Account #	Contact	Date		
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Phone	Patient Name	Age	Height	Weight
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Company Name

Dropship Name & Address

PRODUCT INFORMATION

Size
 CUSTOM

Waist Measurement	Hip Measurement	Mid thigh Measurement
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A PDF of this order form can be found online at bit.ly/SIGmccOrderforms

CUSTOM SIZE

Excellent choice for patients with lipedema, or who are outside of standard size ranges.

STEP ONE

Record the **WAIST**, **HIP**, and **MIDTHIGH** circumference measurements .

STEP TWO

Measure from the groin down to desired **length** of the garment inseam, record in the corresponding box.

STEP THREE

Mark the end of the inseam and take a **circumference** measurement at that point, record in the corresponding box.

After recording these measurements, please call Customer Care: 1-800-322-7744.

