



P.O. #	Account #	Contact	Date
--------	-----------	---------	------

Phone	Patient Name	Age	Height	Weight
-------	--------------	-----	--------	--------

Company Name

Dropship Name & Address

PRODUCT INFORMATION

Leg LEFT RIGHT Foam FLAT WAVEFOAM Foot Options COMPREBOOT PLUS CUSTOM MEDABOOT (additional charge)

Size* REGULAR SUPER ***NOTE:** If the greatest circumference measurement is >60cm, order a Super.

A PDF of this order form can be found online at bit.ly/SIGmccCustom

CIRCUMFERENCE MEASUREMENTS
(Lateral aspect of leg)

TOP OF GARMENT →

35cm _____

30cm _____

25cm _____

20cm _____

15cm _____

10cm _____

5cm _____

Choose a Zero Point _____

Distance from Floor _____ **Ø Point**

BOTTOM OF GARMENT →

LENGTH MEASUREMENTS

Lateral

A1 _____

A2 _____

Medial

B1 _____

B2 _____

Posterior

C1 _____

C2 _____

Anterior

D1 _____

D2 _____

FOOT MEASUREMENTS

I _____

J _____

K _____

M _____

LEGASSIST BK W/ SHELF MEASURING INSTRUCTIONS

IMPORTANT

Measuring for this garment requires special measurements critical to proper fit. Before you begin, attend live training at a SIGVARIS Certified Compression Specialist course near you (info at sigvariseducation.com). Alternatively, call Customer Care at 800-322-7744, or e-mail us_orders@sigvaris.com, to receive a remote consultation/training.

SUPPLIES NEEDED

1. Cell phone with camera. Photos of the leg(s) with measurement markings MUST be e-mailed to: us_orders@sigvaris.com.
2. Measuring Instructions and Forms.
3. SIGVARIS Measuring tape and Body Pen (or eyeliner pencil).
4. Signed Custom Order Terms & Conditions Form (include with order).

INSTRUCTIONS

All measurements should be recorded in centimeters. Apply slight tension to hold the tape measure in place.

STEP 1: CHOOSE THE ZERO POINT (Ø POINT)

The Zero Point is unique to the LEGASSIST BK WITH SHELF garment. It is the reference point from which all other measurements are taken, in order to determine the lengths needed for the custom garment to fit the patient's individual ankle shape. Encircle leg with bottom edge of tape measure immediately above the shelf, at the lowest aspect of the curve of the ankle lobule where a tape measure can be applied without sliding off. Trace a line around the leg along the bottom edge of the tape using the SIGVARIS body pen, and record the circumference on Ø Point line. Document your zero point location by measuring the distance from the floor.

STEP 2: CHOOSE WHERE GARMENT WILL END DISTALLY - "BOTTOM OF GARMENT"

Encircle leg with bottom edge of tape measure where the ankle lobule touches the ankle and/or foot. Do not pull tape under shelf. Mark leg on this edge of tape at the anterior, medial, posterior and lateral aspects, and record the circumference on the line labeled Bottom of Garment. The smallest ankle measurement is not relevant for this product. The product is designed to hug and lift the ankle lobule.

STEP 3: CHOOSE WHERE THE GARMENT WILL END PROXIMALLY - "TOP OF GARMENT"

The ideal placement for the top edge of the garment is two finger widths below the popliteal crease, and across the fibular head and tibial tuberosity. However, the position of the Top of Garment can be customized, if needed, to overlap better with a LEGASSIST LCS thigh piece. Encircle leg with top edge of tape measure at the desired location. Using the SIGVARIS body pen, trace a line around the leg along the top edge of the tape and measure and record the circumference on Top of Garment line.

STEP 4: MEASURE AND RECORD LENGTHS

Measure each of the lengths below from the Zero Point, following the contour of the leg and ankle, but not extending the tape measure into folds. Lengths measured distal to the Zero Point should end where the ankle lobule touches the ankle or foot at the Bottom of Garment versus extending the tape measure up under the lobule. Record lengths as follows:

LATERAL (A) LENGTHS:

- A1: Measure & record lateral length from Ø Point to Top of Garment
- A2: Measure & record lateral length from Ø Point to Bottom of Garment

MEDIAL (B) LENGTHS:

- B1: Measure & record medial length from Ø Point to Top of Garment
- B2: Measure & record medial length from Ø Point to Bottom of Garment

POSTERIOR (C) LENGTHS:

- C1: Measure & record posterior length from Ø Point to Top of Garment
- C2: Measure & record posterior length from Ø Point to Bottom of Garment

ANTERIOR (D) LENGTHS:

- D1: Measure & record anterior length from Ø Point to Top of Garment
- D2: Measure & record anterior length from Ø Point to Bottom of Garment

LEGASSIST BK W/ SHELF MEASURING INSTRUCTIONS

STEP 5: MEASURE AND RECORD CIRCUMFERENCES

On the LATERAL aspect of the leg ONLY, mark every 5cm moving proximally from the Zero Point. Next, record the circumferences at each point, making sure that the measuring tape is parallel to the floor.

STEP 6: MEASURE FOOT

1. Measure the circumference from where the shelf touches instep of the foot to the apex of the heel and record on line I.
2. Measure the foot circumference at the metatarsal heads and record on line J.
3. Measure the length from the 1st metatarsal head to the posterior aspect of the heel, and record on line K.
4. Measure the length from the dorsal aspect of the third metatarsal head to where the shelf touches the instep of the foot and record on line M.

STEP 7: PICTURES

Now that you have completed your measurements, take pictures of the leg (front, back, side) that show all of the measurement markings, as well as the overall shape of the leg. This will assist our expert design team to further customize the garment according to your patient's individual needs. E-mail the pictures with your completed forms to: us_orders@sigvaris.com.

Don't forget to record the patient's age, height, and weight, as this also helps with customizing the garment.

STEP 8: SELECT ADDITIONAL OPTIONS

You are ready to complete your forms and place the order.

Choose *Right* or *Left* leg

Choose *Size*: If the greatest leg circumference is >60cm, order a Super.

Choose *Flat* or *WAVEFOAM* (recommended)

Choose COMPREBOOT Plus (included) or Custom MEDABOOT (additional charge)

TAKE DIGITAL PHOTOS (REQUIRED) AFTER MEASUREMENT MARKINGS ARE MADE. EMAIL TO: us_orders@sigvaris.com

NOTE: LEGASSIST BELOW KNEE WITH SHELF is available in:

7099-BK Flat Foam, 7199-BK WAVEFOAM, 7299-BK Super, Flat Foam, 7399-BK Super, WAVEFOAM.