# sigvaris

Fax to: 703-852-4371 or email nancy@bodyworks-compression.com

Patient Name:	Contact Name:
Account Name:	Account #:
<b>Body Works Custom Compression</b>	
Account Phone #:	P.O. #:
571-232-3179	
Ship Name & Address:	Date:

# Product Information Product includes one custom Chipflow Full leg, one Compreboot® Standard Foot wrap, one Chip Foam Liner, and one pair of non-compressive Cotton Liners. Right Leg Color: Black Quantity: Right Foot Color: Black: Quantity: Left Leg Color: Black Quantity: Left Foot Color: Black: Quantity:

### **Important**

Exact measurements are critical for this garment to ensure a proper fit. If you'd like to learn more about measuring and fitting, attend our MCE Basic Fitter Training. To sign up, visit **sigvariseducation.com** or contact your local territory manager for more information.

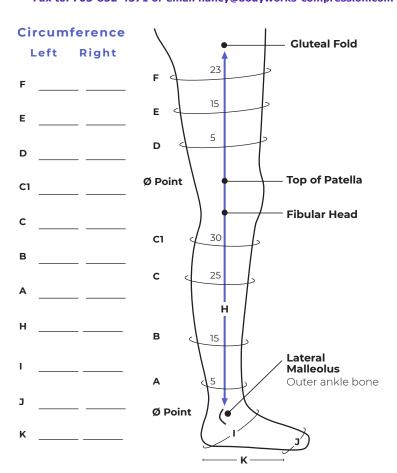
Alternatively, call Customer Care Solution Center at **800-322-7744**, or e-mail **us\_orders@sigvaris.com**, to receive a remote consultation/training.

### **Supplies Needed**

- · Measuring instructions and forms.
- · SIGVARIS GROUP Measuring tape and body pen (or eyeliner pencil).

A PDF of this order form can be found online at: **sigvaris.group/mceforms** or scan here:





## Chipflow Full Leg Size Chart (A-C1) (Available in Black Only)

Note: Product contains Measurement Limitations with Min & Max sizing for ankle, calf, and thigh

**K:** Measure **medial** length from heel to 1st metatarsal head

	Min	Max
F	48cm	90cm
Е	43cm	84cm
D	38cm	81cm
C1	31cm	69cm
С	31cm	69cm
В	26cm	59cm
Α	19cm	51cm
Black		
H Length	66cm	91cm
	Measurement Dis	claimer
	Max thigh < 2x calf	Max calf < 2x ankle



Rev. 12.20