

From: \_\_\_\_\_  
 Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Patient: \_\_\_\_\_  
 Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Sex: (Circle One) Male ☐ Female ☐  
 Organization File No \_\_\_\_\_  
 Medical Z File No. \_\_\_\_\_  
 Measured By \_\_\_\_/\_\_\_\_/\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

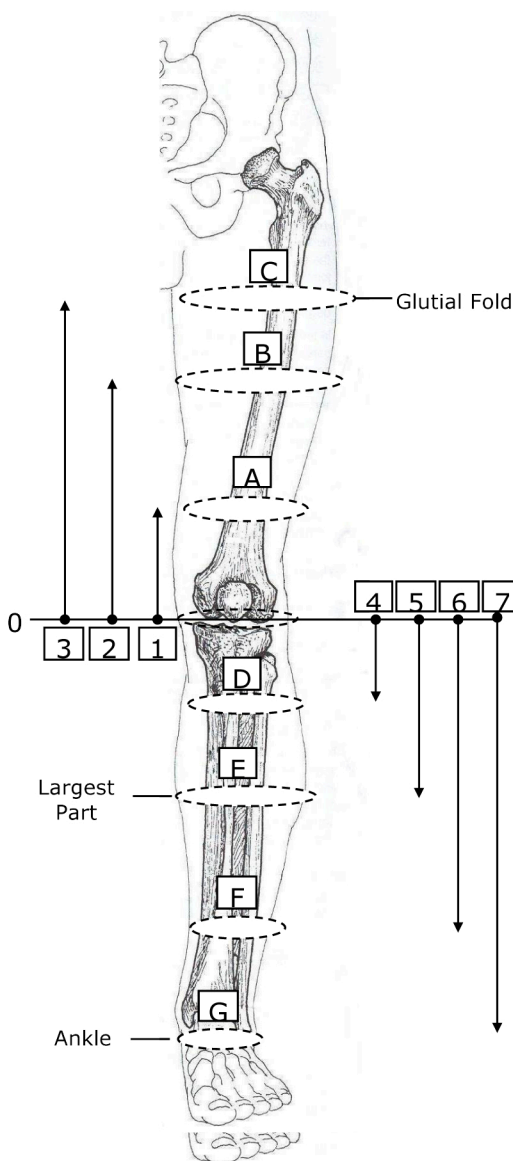
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\_\_\_\_\_

### Anterior View

Left Leg

	Fresh Fabrics
	Coolmax
	Standard



### Right Leg Above Knee

Lengths		Circum.
1	A	
2	B	
3	C	

### Left Leg Above Knee

Lengths		Circum.
1	A	
2	B	
3	C	

Right Knee Circum.

Left Knee Circum.

Knee ( all lengths are taken from mid patilla )

### Right Leg Below Knee

Lengths		Circum.
4	D	
5	E	
6	F	
7	G	

### Left Leg Below Knee

Lengths		Circum.
4	D	
5	E	
6	F	
7	G	

### Styles

	Thigh Band
	Knee to Anke
	Thigh to Anke

	Color
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Use the additional options sleeve form