Fitter Last Name: Fitter Title: Date: LEGASSIS	_ (example PT/OT/PTA)
SIGVARIS Measure & Order Form	
I have watched the online instruction video for the LegAssist [™] custom garment. I have read and understand the written measuring instructions for the LegAssist [™] custom garment.	
Orders will not be accepted without all three boxes being checked. Your assistance in this will help the patient receive a better product in less time.	
PRODUCT OPTIONS	
<u>LEG:</u> □Left □Right <u>FOAM:</u> □Regular (flat	at foam)
OPTIONAL: Custom MedaBoot™ (additional charge)	Hip Attachment (additional charge) Straps over knee
	Waist G
	Walst
Follow contour of limb on all measurements • = Locations measured (All measurments in cm)	l along <i>lateral</i> aspect Waist at bottom
Lateral Circumfere	
Length A1 Gluteal Fold	A ₁
Medial Length B1	35 cm
	30 cm
Posterior Length C ₁	25 cm
Anterior	20 cm
Length D1	
	10 cm
Knee E Top of Patella	5 cm No straps
	E provided over
Mid Patella	box checked
Lateral Bottom of Patella ———————————————————————————————————	/ d / 1 1 4 6
	5 cm
Medial B2	— 10 cm
Posterior	— 15 cm C2
Length C2	— 20 cm
Anterior	25 cm B ₂
Length D ₂	30 cm
	Top of foot
(If req'd)	35 cm M 3rd Metatarsal Head to Ankle Bend
	40 CIII
J Ankle Bend	Circumference across Metatarsal Heads
K *Note: order a TH	
Super if greatest	Circumference of
M circumference is > 90 cm	Ankle Bend and Heel
LK	
1st Metatarsal Head to Heel (or desired boot length)	