

Patient Last Name: \_\_\_\_\_ Patient First Name: \_\_\_\_\_  
 Fitter Last Name: \_\_\_\_\_ Fitter First Name: \_\_\_\_\_  
 Fitter Title: \_\_\_\_\_ (example PT/OT/PTA)  
 Date: \_\_\_\_\_

# SIGVARIS

## LEGASSIST - THIGH HIGH 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

**LEG:**  Left  Right    **FOAM:**  Regular (flat foam)  Advanced (WaveFoam™)

**OPTIONAL:**  Custom MedaBoot™ (additional charge)  Hip Attachment (additional charge)  Straps over knee

