

PO #: _____ Company: _____ Date: _____

Contact Name: _____ Phone: _____

Patient: _____ Sex: _____ Age: _____ Ht: _____ Wt: _____

Bill-To Name & Address: _____

Ship-To Name & Address: _____

MEASURING INSTRUCTION OPTIONS

CATALOG: Page 60 for LegAssist™
 Below Knee measuring instructions.

WEB: Scan QR code
 OR visit BiaCare.com



EMAIL: Sales@BiaCare.com

- 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. Photos have been emailed to: Sales@BiaCare.com

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.

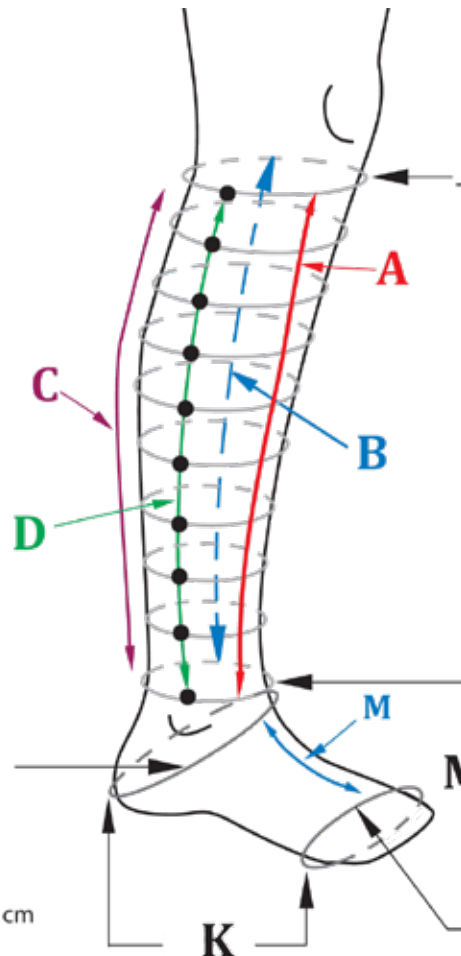
PRODUCT OPTIONS

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

FOOT OPTIONS: CompreBoot™ PLUS (included - see pg. 53 for sizing) Custom MedaBoot™ (additional charge)

Follow contour of limb on all measurements

- Anterior Length** **A**
- Medial Length** **B**
- Posterior Length** **C**
- Lateral Length** **D**



- = Locations measured along *lateral* aspect of leg
- Circumference***
- _____ cm Bottom of Patella
- 40 cm _____ (If req'd)
- 35 cm _____
- 30 cm _____
- 25 cm _____
- 20 cm _____
- 15 cm _____
- 10 cm _____
- 5 cm _____
- ∅ Point _____ **Ankle Bend**

I Circumference of Ankle Bend and Heel

M Top of foot 3rd Metatarsal Head to Ankle Bend _____ **I**

_____ **J**

J Circumference across Metatarsal Heads _____ **K**

_____ **M**

* Note: order a BK Super if greatest circumference is > 60 cm

K 1st Metatarsal Head to Heel (or desired boot length)