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LEGASSIST - LOBULE COMPRESSION SYSTEM (LCS)

Measure & Order Form



Sales@BiaCare.com Date: ___ Company:___ PO#:_ Phone: Contact Name:___ ______ Sex:_____ Age:____ Ht:____ Wt:_____ Patient:_ Bill-To Name & Address:_ Ship-To Name & Address:_ **MEASURING INSTRUCTION OPTIONS** EMAIL: Sales@BiaCare.com WEB: Scan QR code CATALOG: Page 62 for LegAssist™ LCS measuring instructions. OR visit BiaCare.com I have read and understand the written measuring I have watched the online instruction Photos have been emailed to: instructions for the LegAssist™ custom garment. Sales@BiaCare.com video 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 FOAM: Regular (flat foam) Advanced (WaveFoam[™]) **OPTIONAL: Hip Attachment** (additional charge) Follow contour of limb on all measurements (All measurments in cm) Lateral Length = Locations measured along lateral aspect Waist **G** Medial Length Waist at bottom of belt Circumference* Posterior Length 30 cm Anterior Length 25 cm \mathbf{D}_1 $\mathbf{c}_{\scriptscriptstyle{1}}$ 20 cm . 15 cm Вı 10 cm 5 cm Lateral Ø Point Pick a zero point* Length 5 cm \mathbf{B}_2 Medial _ 10 cm \mathbf{R}_2 Length Bottom of Garment* Posterior *See instructions Length Anterior Length Approximatley 8-10cm Note: order a LCS Super from bottom of lobule if greatest circumference is > 90 cm Transverse F lobule Longitudinal lobule