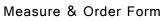
P: 866.931.0876 F: 866.931.0052 Sales@BiaCare.com

LEGASSIST - THIGH HIGH



_	-		
Bi	аC	ar	е

PO#:	Company:		_ Date:		
Contact Name:		Phone:			
Patient:		Sex: Age:	Ht: Wt:		
Bill-To Name & Address:					
Ship-To Name & Address:					
MEASURING INSTRUCTION OPTIONS					
CATALOG: Page 63 for L Thigh High measuring instru	egAssist [™] WEB: Scan Q ctions. OR visit BiaCa		: Sales@BiaCare.com		
I have watched the online instruction I have read and understand the written measuring 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					
LEG: Left Right	FOAM: Regular (flat fo	aam)			
OPTIONAL: □ Custom MedaBoot [™] (additional charge) □ Hip Attachment (additional charge) □ Straps over knee					
		Waist G			
Follow contour of limb	on all measurements • = Locations measured alo	ng lateral aspect	Waist at		
(All measurn Lateral	nents in cm) Circumference		bottom of belt		
Length	A1Gluteal Fold	- A1			
Medial Length ————	B1	_ 35 cm			
Posterior	C	_ 30 cm	D1		
Length	C1	_ 20 cm C1			
Anterior Length	D1	_ 15 cm	h		
		_ 10 cm			
Knee Space	E Top of Patella	Ø Point	No straps		
	Mid Patella	-)\ 투	provided over knee unless		
Lateral	Bottom of Patella	- Ø Point	box checked above		
Length	A2	- 5 cm			
Medial Length	B ₂	- 10 cm			
Posterior	C2	- 15 cm C2			
Length	_ C2	- 20 cm B2			
Anterior Length	D2	– 25 cm – 30 cm			
			Top of foot		
	(If req'd)		Metatarsal Head to Ankle Bend		
	Ankle Bend		umference across		
	K * Note: order a TH		etatarsal Heads		
	Super if greatest C	ircumference of kle Bend and Heel			
	IM circumference is > 90 cm Ani				
		1st Metatarsal Head to Heel (or desired boot length)			