

PO#: _____ Company: _____ Date: _____

Contact Name: _____ Phone: _____

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

Bill-To Name & Address: _____

Ship-To Name & Address: _____

MEASURING INSTRUCTION OPTIONS

CATALOG: Page 62 for LegAssist™
 LCS 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.

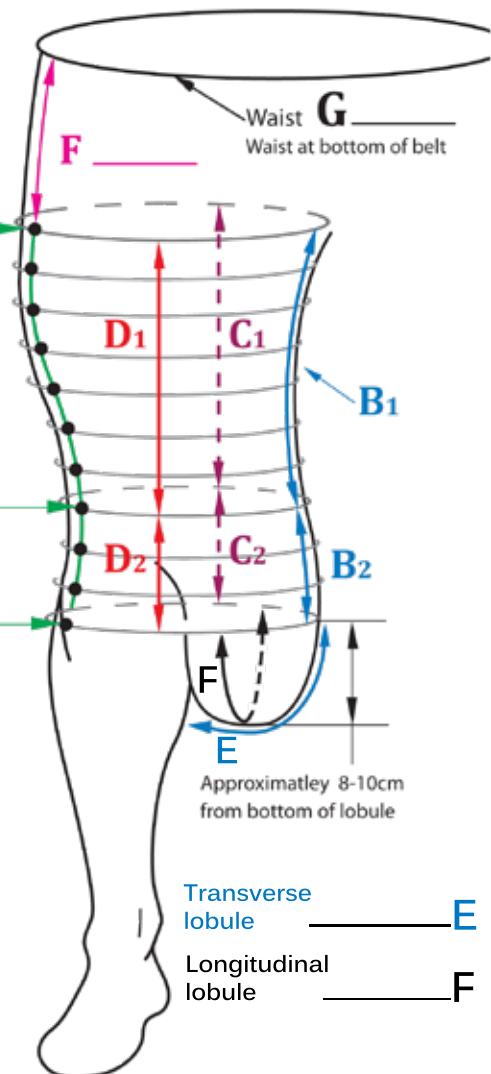
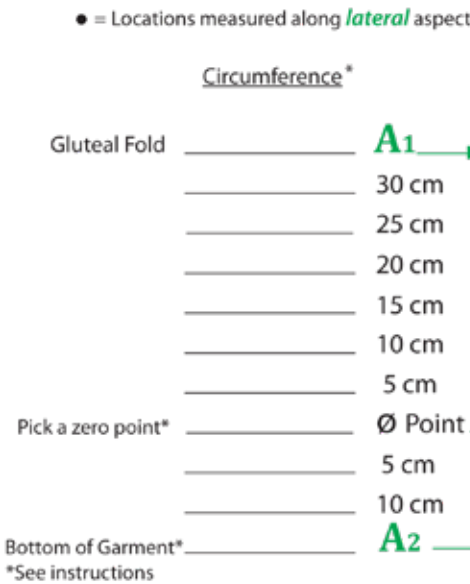
PRODUCT OPTIONS

LEG: Right Left **FOAM:** Regular (flat foam) Advanced (WaveFoam™) **OPTIONAL:** Hip Attachment (additional charge)

Follow contour of limb on all measurements
 (All measurements in cm)

- Lateral Length _____ **A1**
- Medial Length _____ **B1**
- Posterior Length _____ **C1**
- Anterior Length _____ **D1**

- Lateral Length _____ **A2**
- Medial Length _____ **B2**
- Posterior Length _____ **C2**
- Anterior Length _____ **D2**



Note: order a LCS Super
 if greatest circumference is > 90 cm