MEDICALZ®

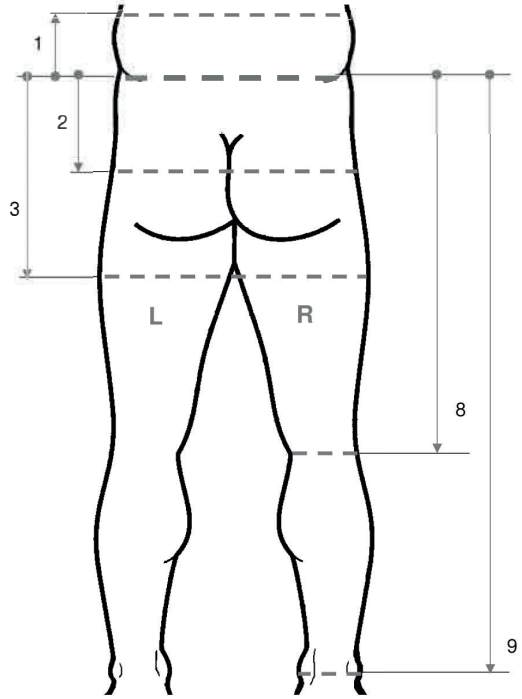
From: _____
Date: _____/_____/_____
Patient: _____
Date of Birth: _____/_____/_____
Sex: *(Circle One)* Male ○ Female ⊙
Organization File No _____
Medical Z File No. _____
Measured By _____/_____

Comments: _____

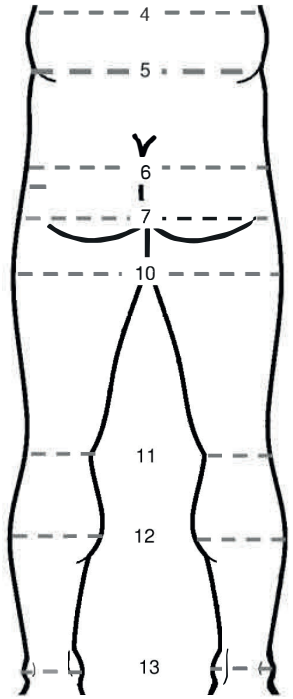
CUSTOM COMPRESSION GARMENTS FOR

☐ **LYMPHEDEMA**
☐ **VASCULAR SUPPORT**

Heights



Circumferences



	1. Waist to Top of Support
	2. Waist to Mid Point - Between Waist to Fold of Buttocks
	3. Waist to Fold of Buttocks
	8. Waist to Knee
	9. Waist to Ankle

		4. End of Support
		5. Waist
		6. Mid Point Between Waist to Crotch
		7. Largest Part of Buttocks
R	L	10. Proximal Thigh
R	L	11. Knee (Mid Patella)
R	L	12. Calf
R	L	13. Ankle (Just above the Malleolus)

Styles

Panty
Shorts
Shorts below Knee
Waist Height, 1 Leg
Waist Height, 1 Long & 1 Short Leg
Waist Height, 2 Long Legs

☐ **Coolmax**

☐ **Color**

All measurements are in centimeters to the nearest 10th

Use the additional options pants form

BMZ-4

Medical Z USA - Version 07-2025