MEDICAL Z®

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

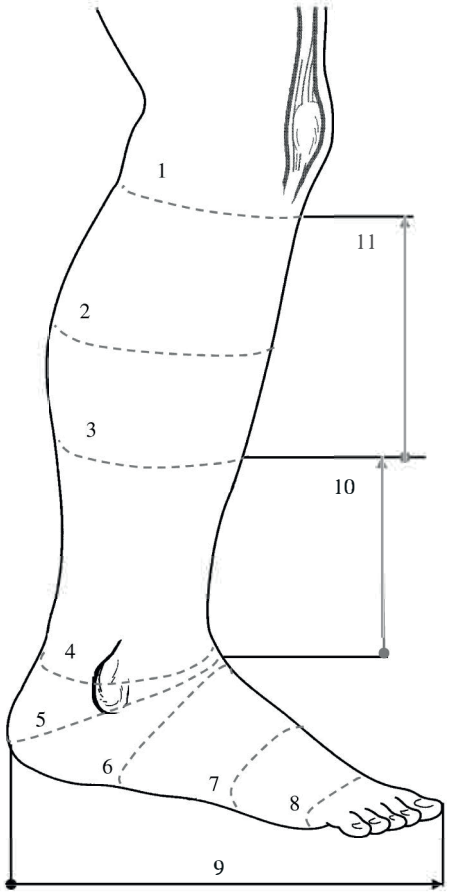
Comments: _____

## CUSTOM COMPRESSION GARMENTS FOR

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

### Circumferences

| | Right | Left |
|---|---|---|
| 1. End of Support | | |
| 2. Calf (Largest Circumference) | | |
| 3. Under Calf (Between #2 and #4) | | |
| 4. Ankle (malleolus) | | |
| 5. Heel | | |
| 6. Vault of Foot | | |
| 7. Tarsometatarsal (TMT) Joints | | |
| 8. Metatarsophalangeal (MTP) Joints | | |




### Lenghts

| Right | Left | |
|---|---|---|
| | | 9. Foot Length |
| | | 10. Ankle to Under Calf |
| | | 11. Under Calf to Below Knee |

### Styles

☐ **Anklet**
*(this garment requires #s 3-10)*

☐ **Stocking to Knee**
*(this garment requires #s 1-11)*

☐ **Stocking to Thigh**
*( this garment requires #s 4-9)*
*PLUS (Leg measurements)*

☐ **Open**
☐ **Closed**

☐ **Coolmax**

☐ **Color**

**Use the additional options stocking form**

*All measurements are in centimeters to the nearest 10th*