MEDICALZ®

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

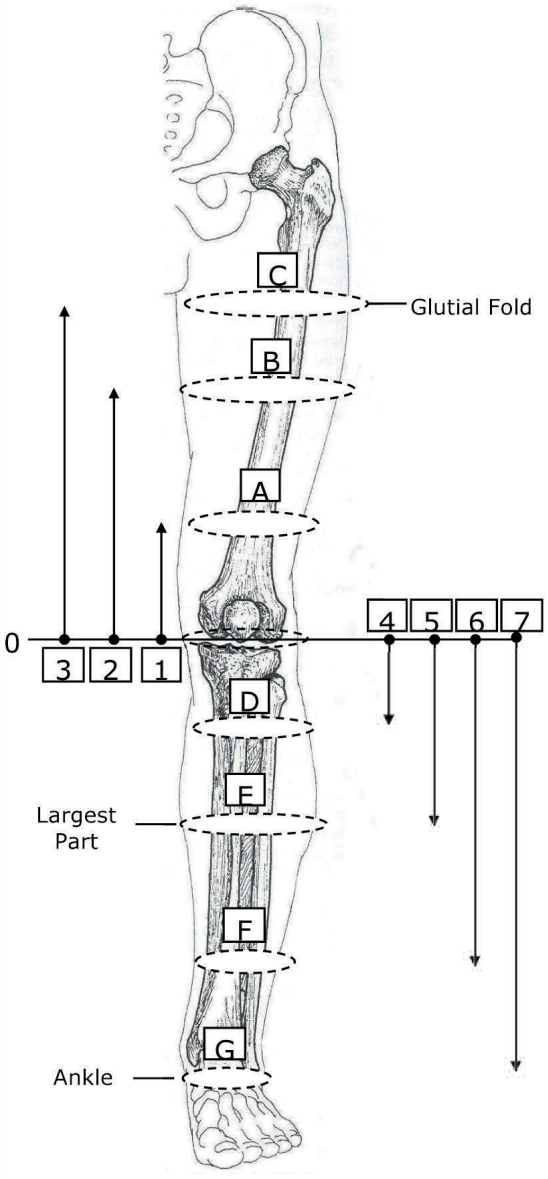
Comments: _____

CUSTOM COMPRESSION GARMENTS FOR

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

☐ Coolmax

Anterior View
Left Leg



Knee (all lengths are taken from mid patilla)

Right Leg Above Knee

	Lengths		Circum.
1		A	
2		B	
3		C	

Left Leg Above Knee

	Lengths		Circum.
1		A	
2		B	
3		C	

Right Knee Circum. _____

Left Knee Circum. _____

Right Leg Below Knee

	Lengths		Circum.
4		D	
5		E	
6		F	
7		G	

Left Leg Below Knee

	Lengths		Circum.
4		D	
5		E	
6		F	
7		G	

Styles

☐ Thigh Band
☐ Knee to Anke
☐ Thigh to Anke

Use the additional options sleeve form

☐ **Color**

All measurements are in centimeters to the nearest 10th