

PO#: _____ Company: _____ Date: _____

Contact Name: _____ Phone: _____

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

Bill-To Name & Address: _____

Ship-To Name & Address: _____

MEASURING INSTRUCTION OPTIONS

CATALOG: Page 68 for standard size
 Thigh High measuring instructions.

WEB: Scan QR code
 OR visit BiaCare.com



EMAIL: Sales@BiaCare.com

PRODUCT INFORMATION

LEFT LEG RIGHT LEG **OVERSLEEVE (check one):**

Size: _____ Size: _____ Black Pink Leopard

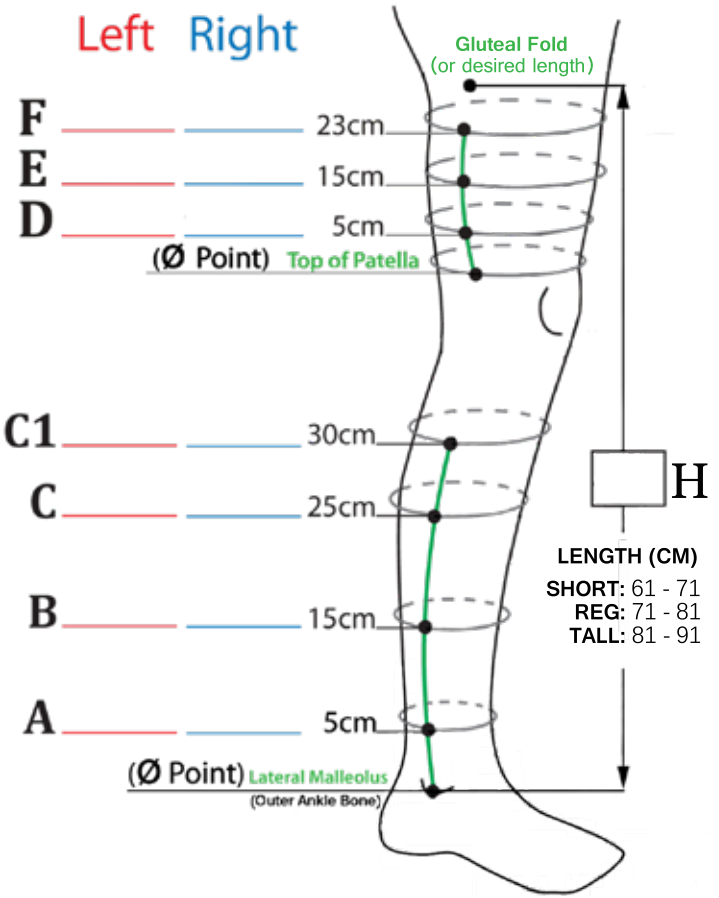
Length: _____ Length: _____ Navy Tie-Dye Purple Paisley

Item #: _____ Item #: _____ **Note:** If no color is specified, a black OverSleeve™ will be included.

Custom Size* Custom Size*

*Use the measuring form on page 44 if ordering a custom size ChipSleeve™ - TH.

SIZING CHART & ITEM NUMBERS



		CHIPSLEEVE - TH			
		SMALL	MEDIUM	LARGE	X - LARGE
F		48 - 58	56 - 66	64 - 74	74 - 84
E		43 - 53	51 - 61	58 - 68	68 - 78
D		38 - 48	46 - 56	53 - 63	63 - 73
C1		32 - 42	37 - 47	42 - 52	51 - 61
C		29 - 39	34 - 44	39 - 49	48 - 58
B		24 - 34	29 - 39	33 - 43	41 - 51
A		20 - 29	21 - 30	25 - 36	32 - 42
RIGHT	SHORT	2631-THS-L	2632-THS-L	2633-THS-L	2634-THS-L
	REG	2631-THR-L	2632-THR-L	2633-THR-L	2634-THR-L
	TALL	2631-THT-L	2632-THT-L	2633-THT-L	2634-THT-L
LEFT	SHORT	2631-THS-R	2632-THS-R	2633-THS-R	2634-THS-R
	REG	2631-THR-R	2632-THR-R	2633-THR-R	2634-THR-R
	TALL	2631-THT-R	2632-THT-R	2633-THT-R	2634-THT-R