

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
 Below Knee measuring instructions.

WEB: Scan QR code
 OR visit BiaCare.com



EMAIL: Sales@BiaCare.com

PRODUCT INFORMATION

LEFT LEG

RIGHT LEG

ACCESSORIES (additional cost):

Size: _____

Size: _____

Cotton Socks (extra pair) Qty: _____

Length: _____

Length: _____

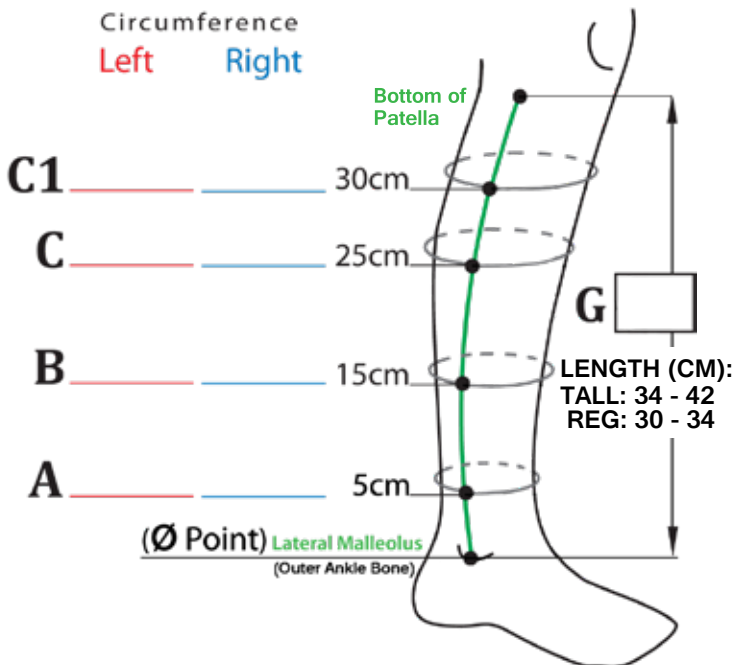
Silver Socks (pair) Qty: _____

Item #: _____

Item #: _____

Strap Extenders Qty: _____

SIZING CHART & ITEM NUMBERS



COMPREFLEX - LITE					
	SMALL	MEDIUM	LARGE	X - LARGE	XX - LARGE
C1	29 - 39	34 - 44	40 - 50	46 - 56	54 - 64
C	29 - 39	34 - 44	40 - 50	46 - 56	54 - 64
B	24 - 34	29 - 39	34 - 44	39 - 49	44 - 55
A	16 - 26	21 - 30	26 - 36	31 - 41	36 - 46
REG	1401-UC-BKR	1402-UC-BKR	1403-UC-BKR	1404-UC-BKR	1405-UC-BKR
TALL	1401-UC-BKT	1402-UC-BKT	1403-UC-BKT	1404-UC-BKT	1405-UC-BKT