

PO #: _____ Company: _____ Date: _____

Contact Name: _____ Phone: _____

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

Bill-To Name & Address: _____

Ship-To Name & Address: _____

MEASURING INSTRUCTION OPTIONS

CATALOG: Page 60 for LegAssist™
 Below Knee measuring instructions.

WEB: Scan QR code
 OR visit BiaCare.com



EMAIL: Sales@BiaCare.com

- I have watched the online instruction video for the LegAssist™ custom garment. I have read and understand the written measuring instructions for the LegAssist™ custom garment. Photos have been emailed to: Sales@BiaCare.com

Orders will not be accepted without all three boxes being checked. Your assistance in this will help the patient receive a better product in less time.

PRODUCT OPTIONS

LEG: Left Right **FOAM:** Regular (flat foam) Advanced (WaveFoam™)

FOOT OPTIONS: CompreBoot™ PLUS (included - see pg. 53 for sizing) Custom MedaBoot™ (additional charge)

