

PO#: _____ Company: _____ Date: _____

Contact Name: _____ Phone: _____

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

Bill-To Name & Address: _____

Ship-To Name & Address: _____

MEASURING INSTRUCTION OPTIONS

CATALOG: Page 62 for LegAssist™
 LCS 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: Right Left
FOAM: Regular (flat foam) Advanced (WaveFoam™)
OPTIONAL: Hip Attachment (additional charge)

Follow contour of limb on all measurements
 (All measurements in cm)

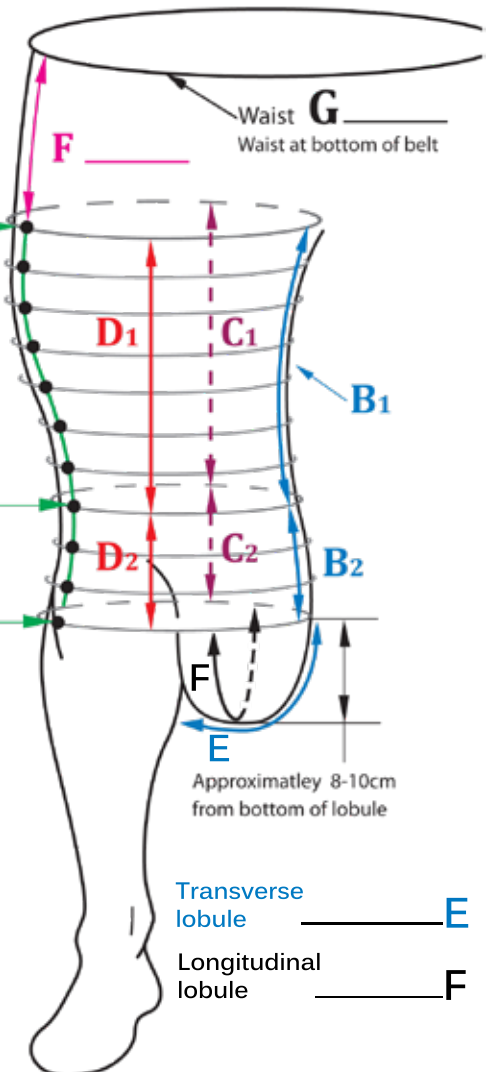
- Lateral Length _____ **A1**
- Medial Length _____ **B1**
- Posterior Length _____ **C1**
- Anterior Length _____ **D1**

- Lateral Length _____ **A2**
- Medial Length _____ **B2**
- Posterior Length _____ **C2**
- Anterior Length _____ **D2**

• = Locations measured along lateral aspect

Circumference*

- Gluteal Fold _____ **A1**
- _____ 30 cm
- _____ 25 cm
- _____ 20 cm
- _____ 15 cm
- _____ 10 cm
- _____ 5 cm
- _____ Ø Point _____
- _____ 5 cm
- _____ 10 cm
- Bottom of Garment* _____ **A2**
- *See instructions



Note: order a LCS Super if greatest circumference is > 90 cm