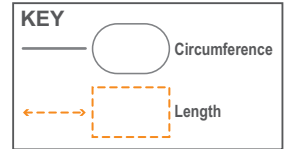


Lower Extremity Order Form

Order No.: _____ Patient Reference No.: _____

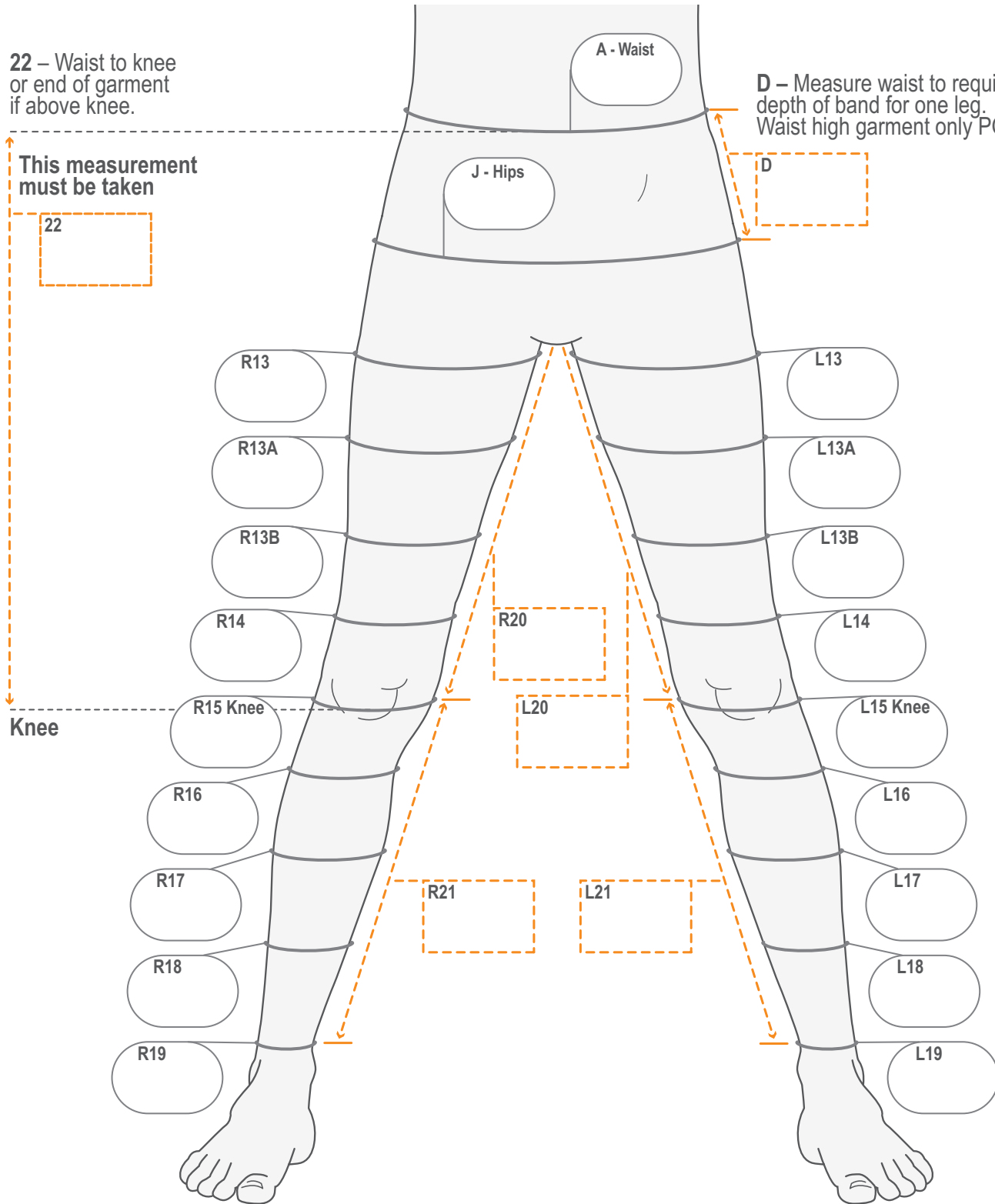


22 – Waist to knee or end of garment if above knee.

This measurement must be taken

22

D – Measure waist to required depth of band for one leg. Waist high garment only PG27



Lower Extremity Order Form

Order No.: _____ Patient Reference No.: _____



Circumference Measurements

Left (cm) Right (cm)

		Left (cm)	Right (cm)
A	Waist at umbilicus		
J	Hips		
13	Top of thigh level with gluteal fold		
13a	Upper thigh		
13b	Mid thigh		
14	Lower thigh		
15	Knee joint (in line with mid patella)		
16	Upper calf		
17	Mid calf		
18	Lower calf		
19	Ankle at upper margin of medial malleolus		



Length Measurements

Left (cm) Right (cm)

		Left (cm)	Right (cm)
D	Waist to hips - PG27 only		
20	Inside leg (into groin) to knee joint or required length if above knee		
21	Knee joint to ankle or required length		
22*	Waist to knee or required length of garment if above knee		

***Note: Measurement 22 must be taken. Without this, we are unable to process your order**

Style Options (tick if required)

Left Right

Crotch: <input type="checkbox"/> Closed (standard) <input type="checkbox"/> Lined <input type="checkbox"/> Open		
Distal end garment: <input type="checkbox"/> Regular <input type="checkbox"/> Elastic Cuff <input type="checkbox"/> Overlock		
Proximal elastic non-slip		
Lining behind knee		
Reinforced knee		
Fly Opening: <input type="checkbox"/> Boxer <input type="checkbox"/> Zipper		
Velcro tabs to attach to pants: <input type="checkbox"/> Yes		

Specific Instructions