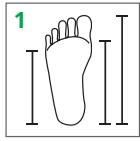


Patient Last Name: _____ **Patient First Name:** _____
Fitter Last Name: _____ **Fitter First Name:** _____
Fitter Title: _____ (example: PT/OT/PTA)
Date: _____

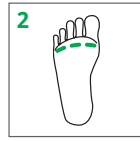
ExoCustom™ Lower Extremity Measuring and Order Form

Measuring Instructions

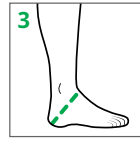
- Have a non-toxic washable marker, tape measure, and pen available.
- Measure client after therapy or in the morning.
- Measure with client standing and weight evenly distributed.
- Measure lengths straight, do not follow leg contours.



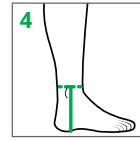
1
Foot Lengths



2
Ac
Circumference at MTP



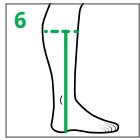
3
Yc
Circumference at Instep / Heel



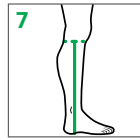
4
B
Floor to Narrowest Point of Ankle



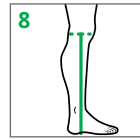
5
B¹
Floor to Narrowest Point of Calf
Calf transition



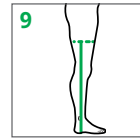
6
C
Floor to Widest Point of Calf



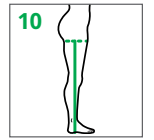
7
D
Floor to Base of Patella



8
E
Floor to Mid-Patella



9
F
Floor to Mid-Thigh



10
G
Floor to Gluteal Fold

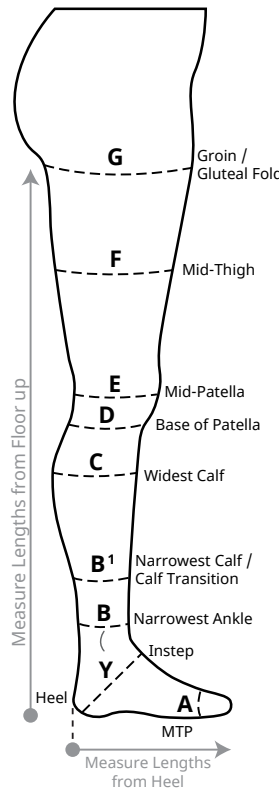
Ordering Information

Quantity & Item Code	
Qty	EC-LE- _____ L / R
	EC-LE- _____ L / R
Color: <input type="checkbox"/> Beige L / R <input type="checkbox"/> Black L / R	
Compression	
<input type="checkbox"/> 18 - 21 mmHg L / R <input type="checkbox"/> 23 - 32 mmHg L / R	
<input type="checkbox"/> 34 - 46 mmHg L / R	
Distal Foot Options	
Toe: <input type="checkbox"/> Closed L / R <input type="checkbox"/> Open L / R	
Finish: <input type="checkbox"/> Slant L / R <input type="checkbox"/> Straight L / R	
Modifications	
Qty	Pocket (select Place)
Place: <input type="checkbox"/> Back Knee L / R <input type="checkbox"/> Instep L / R	
Silicone (select Width and Place)	
Width: <input type="checkbox"/> 3.5cm L / R <input type="checkbox"/> 5cm L / R	
Place: <input type="checkbox"/> Inside L / R <input type="checkbox"/> 3/4 Inside L / R	
<input type="checkbox"/> Top L / R	
Zipper L / R (note start / end location below)	
Label Placement on Garment	
Place: <input type="checkbox"/> Inside L / R <input type="checkbox"/> Outside L / R	
Priority Production	
Priority Production (additional fee)	
Comments	

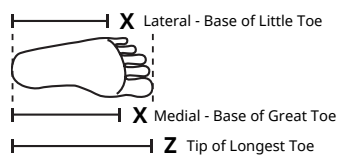
LEFT LEG MEASUREMENTS

CIRC C	LENGTH l
Gc <input type="text"/>	Gl <input type="text"/>
Fc <input type="text"/>	Fl <input type="text"/>
Ec <input type="text"/>	El <input type="text"/>
Dc <input type="text"/>	DI <input type="text"/>
Cc <input type="text"/>	Cl <input type="text"/>
B¹c <input type="text"/>	B¹l <input type="text"/>
Bc <input type="text"/>	Bl <input type="text"/>
Yc <input type="text"/>	
Ac <input type="text"/>	

Please measure in centimeters



FOOT LENGTH MEASUREMENTS



Foot tracings are always appreciated

RIGHT LEG MEASUREMENTS

CIRC C	LENGTH l
Gc <input type="text"/>	Gl <input type="text"/>
Fc <input type="text"/>	Fl <input type="text"/>
Ec <input type="text"/>	El <input type="text"/>
Dc <input type="text"/>	DI <input type="text"/>
Cc <input type="text"/>	Cl <input type="text"/>
B¹c <input type="text"/>	B¹l <input type="text"/>
Bc <input type="text"/>	Bl <input type="text"/>
Yc <input type="text"/>	
Ac <input type="text"/>	

RIGHT

Lateral XI <input type="text"/>	Base of Little Toe
Medial XI <input type="text"/>	Base of Great Toe
Closed Toe ZI <input type="text"/>	Tip of Longest Toe