MZ CUSTOMFIT

Patient Last Name: _____ **Patient First Name:** _____

Fitter Last Name: _____ **Fitter First Name:** _____

Fitter Title: _____ **(example: PT/OT/PTA)**

Date: _____

SIGVARIS

CompreSleeve™ - THIGH HIGH

PRODUCT INFORMATION

☐ **LEFT LEG**

Size: _____

Length: _____

Item #: _____

Foot Size: _____ (See page 53 for foot sizing)

☐ **RIGHT LEG**

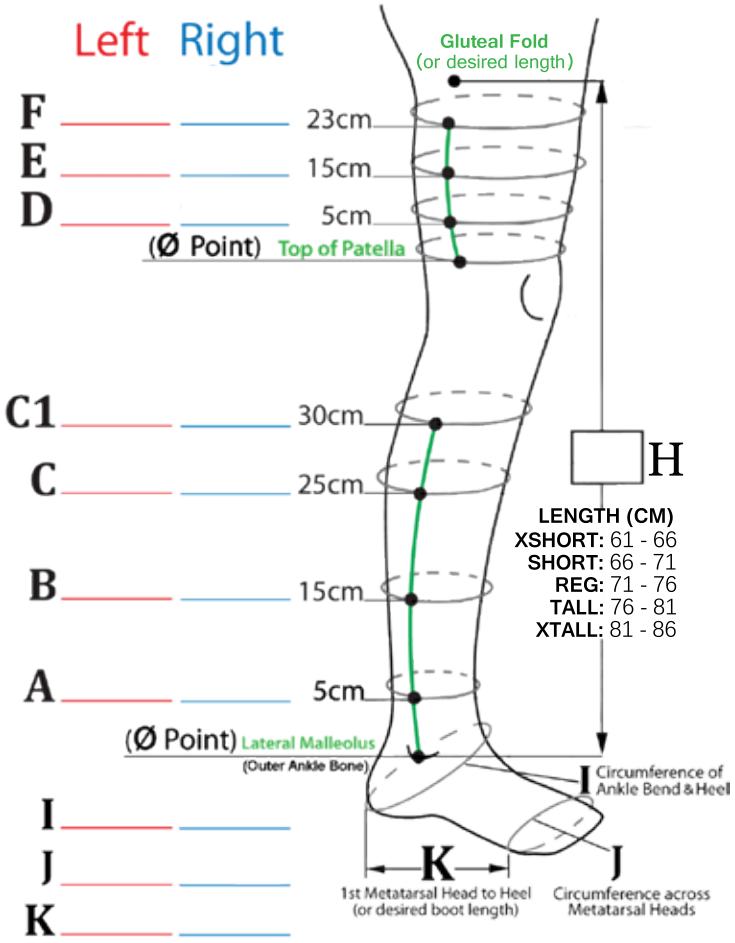
Size: _____

Length: _____

Item #: _____

Foot Size: _____ (See page 53 for foot sizing)

SIZING CHART & ITEM NUMBERS



COMPRESLEEVE - TH

	SMALL	MEDIUM	LARGE	X - LARGE
F	48 - 58	56 - 66	64 - 74	74 - 84
E	43 - 53	51 - 61	58 - 68	68 - 78
D	38 - 48	46 - 56	53 - 63	63 - 73
C1	32 - 42	37 - 47	42 - 52	51 - 61
C	29 - 39	34 - 44	39 - 49	48 - 58
B	24 - 34	29 - 39	33 - 43	41 - 51
A	20 - 29	21 - 30	25 - 36	32 - 42

		SMALL	MEDIUM	LARGE	X - LARGE
LEFT	XSHORT	1501-THXS-L	1502-THXS-L	1503-THXS-L	1504-THXS-L
	SHORT	1501-THS-L	1502-THS-L	1503-THS-L	1504-THS-L
	REG	1501-THR-L	1502-THR-L	1503-THR-L	1504-THR-L
	TALL	1501-THT-L	1502-THT-L	1503-THT-L	1504-THT-L
	XTALL	1501-THXT-L	1502-THXT-L	1503-THXT-L	1504-THXT-L
RIGHT	XSHORT	1501-THXS-R	1502-THXS-R	1503-THXS-R	1504-THXS-R
	SHORT	1501-THS-R	1502-THS-R	1503-THS-R	1504-THS-R
	REG	1501-THR-R	1502-THR-R	1503-THR-R	1504-THR-R
	TALL	1501-THT-R	1502-THT-R	1503-THT-R	1504-THT-R
	XTALL	1501-THXT-R	1502-THXT-R	1503-THXT-R	1504-THXT-R