



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

SIGVARIS

FACIAL/NECK PAD Measure & Order Form

PRODUCT INFORMATION

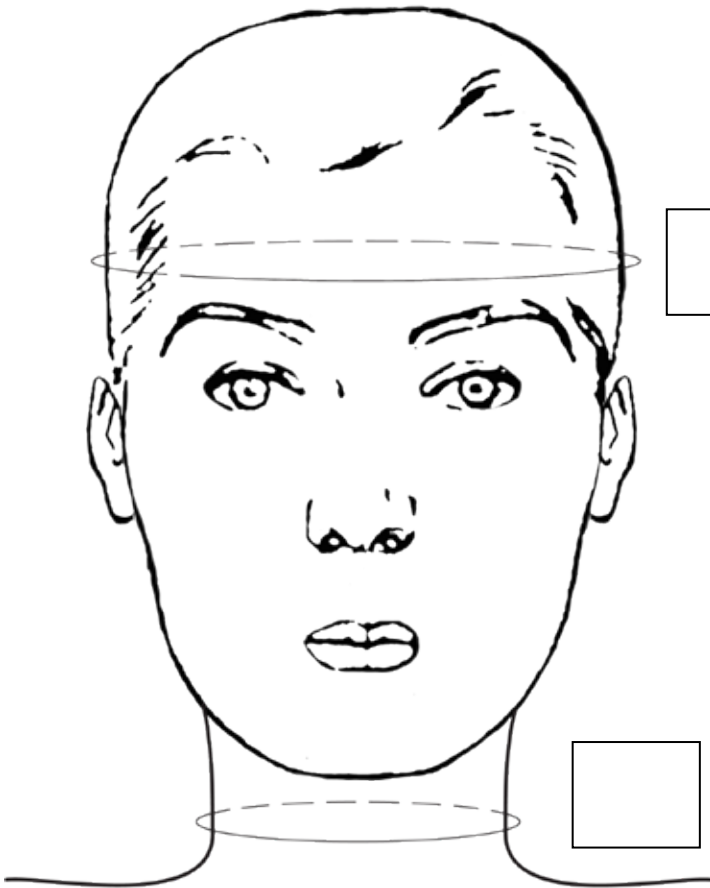
SIZE: SMALL MEDIUM LARGE X - LARGE

PAD: Item #2940: Neck/Mandible Item # 2950: Neck/Cranial

ACCESSORIES (additional cost): Velcro extender (5cm additional circumferencial range) Qty. _____

SIZING CHART

	SMALL	MEDIUM	LARGE	X - LARGE
Head Circumference	53 - 56	56 - 58	58 - 61	61 - 64
Neck Circumference	28 - 33	33 - 38	38 - 43	43 - 58



Head Circumference
(measure 1/2" above eye brow)

Neck Circumference
(measure at largest part of neck)