

Measuring Guide for Upper and Lower Inelastic Compression



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

Body Part*

- Arm Calf Knee
 Thigh High Full Leg

Inelastic Wraps

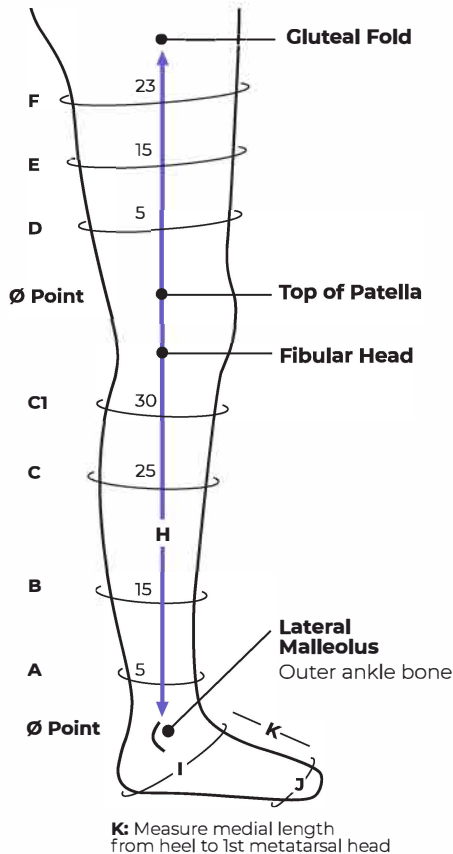
- Compreflex Coolflex Medaform
 Comprefit Other _____ Compreboot
 Light Standard Plus

*Product style types may vary, please see the 2020 Sigvaris catalog for Venous-Lymphatic Disorders for more information or call the US Customer Care Solution Center. Available M-F, 8am-7pm EST at **1-800-322-7744**.

Inelastic Wrap: Lower Extremity Measurements

Circumference
Left Right

F	_____	_____
E	_____	_____
D	_____	_____
C1	_____	_____
C	_____	_____
B	_____	_____
A	_____	_____
I	_____	_____
J	_____	_____
H Length		
H	_____	_____
K	_____	_____



Inelastic Wrap: Arm Measurements

Circumference
Left Right

C	_____	_____
B1	_____	_____
B	_____	_____
A1	_____	_____
A	_____	_____
E	_____	_____
D Length		
Measure length along dorsal aspect		
D	_____	_____

