

Date: _____ Patient Name: _____

Measured By: _____ Tel: _____ Email: _____

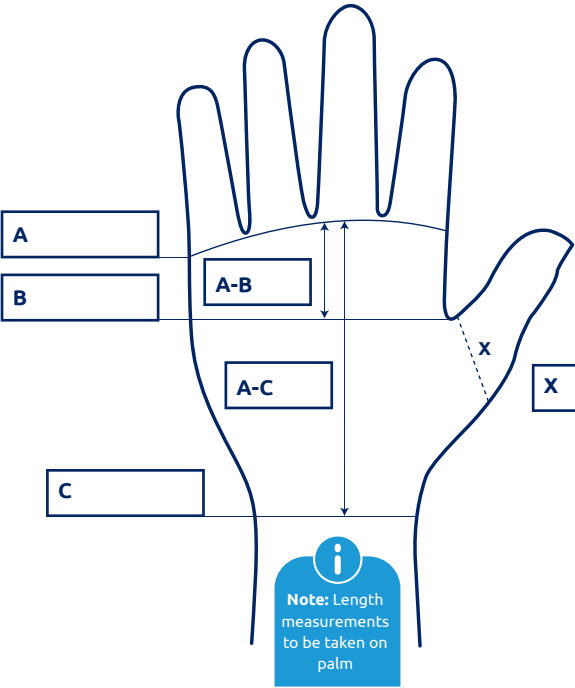
Delivery Address: _____

Invoice Address: _____



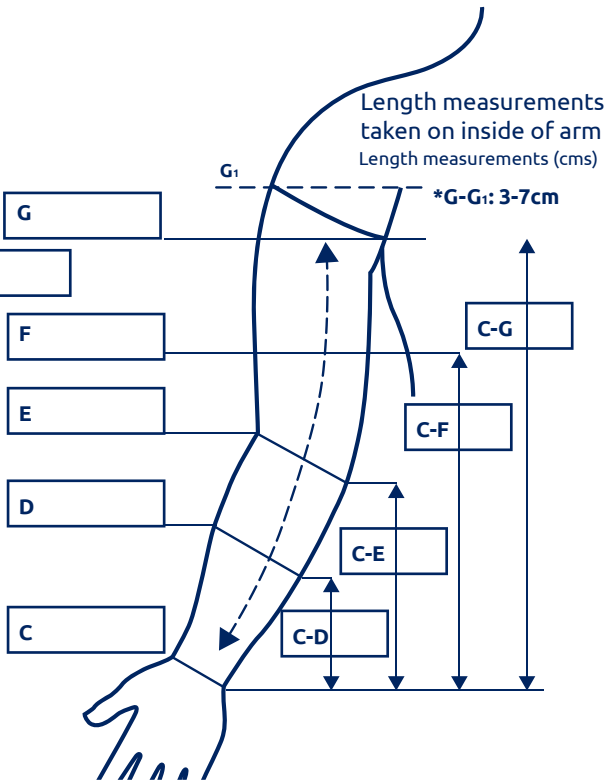
Note: Garment will be manufactured using 4cm measurement for standard bias finish unless alternative measurement stated.

Note: All measurements in centimetres (cms)



Circumference

Length



☐ Upper Extremities

Compression Class: Left ☐ Right ☐
CCL 1 (15-20mmHg)

Colour: ☐ Beige ☐ Rose

Quantity Required:

Style: ☐ CG1 Armsleeve (wrist to axilla)
☐ AG1 Armsleeve with gauntlet

Options: ☐ Zipper ☒ Bias top

Please note: Compression garments carry a 6-month warranty – based on 2 pairs worn alternately. Garments should be replaced annually to maintain optimal treatment and fit.

Left Leg

Right Leg

Length

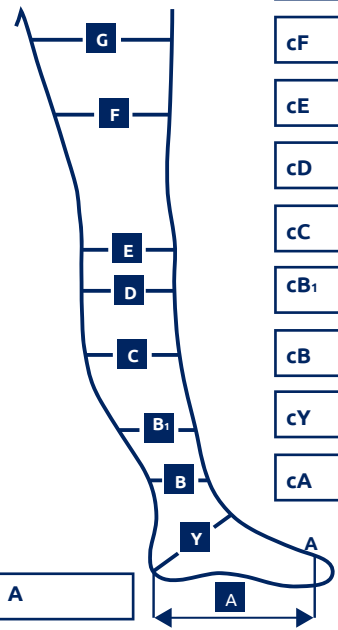
Circumference

a-G	cG
a-F	cF
a-E	cE
a-D	cD
a-C	cC
a-B ₁	cB ₁
a-B	cB
	cY
	cA

Circumference

Length

cG	a-G
cF	a-F
cE	a-E
cD	a-D
cC	a-C
cB ₁	a-B ₁
cB	a-B
cY	
cA	



☐ Lower Extremities

Compression Class: Left ☐ Right ☐
CCL 1 (15-20mmHg)
CCL 2 (20-30mmHg)

Colour: ☐ Beige ☐ Rose

Quantity Required:

Style: ☐ AD Knee high
☐ AG Thigh high

Options: ☐ Zipper
☒ Open toe
☒ Straight foot

