## REQUIRED PATIENT INFORMATION

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Gender</th>
<th>First Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>MM/DD/YYYY</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- IS THIS A BURN PATIENT? [ ] Yes [ ] No
- Edema
- Traumatic Scar
- Lymphedema

**Desired Pressure:** mmHg Other:

## FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Purchase Order #</th>
<th>Measured by</th>
<th>Shipping Method</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Name of Facility**

**Shipping Address**

**Billing Address**

## Garment(s) Ordered

<table>
<thead>
<tr>
<th>Part No.</th>
<th>Description</th>
<th>Qty L</th>
<th>Qty R</th>
<th>Total Qty</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

**NEVER RESEND OLD CHARTS OR OLD MEASUREMENTS TO REORDER**

(Bio-Concepts Custom Pressure Garments are available only under physician’s orders.)

Download these charts at: www.bio-con.com/custom_garments.php

## IF BILLING INSURANCE/WORKMAN’S COMP/HEALTH PLAN

**NOTE:** Please leave these spaces blank unless you want us to try billing the patient’s health plan. Attach a copy of the prescription, letter of medical necessity, insurance card, and, if available, a copy of the hospital face sheet.

<table>
<thead>
<tr>
<th>Insurance Carrier</th>
<th>Date of Injury</th>
<th>MM/DD/YYYY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Bio-Concepts Use Only**

(Please write nothing in this block)
HEAD & NECK
MEASUREMENT CHART
Bio-Concepts Custom Pressure Garments are available only under Physician’s Order

Patient ___________________________ Last Name ______________ First Name ______________
Date ________________________________

Garment color ________________________
Insert ________________________________
Lining ________________________________

Additional instructions or comments:

REQUIRED MEASUREMENTS
Face Mask: ALL
Chin Strap: A-E, a, e & f, j & k
Head Band: B, and desired height of band in front
Collar: E, and desired height of collar

REFER TO THE BIO-CONCEPTS MEASURING MANUAL FOR DETAILED PROCEDURES, ADDITIONAL INSTRUCTIONS, AND EXAMPLE MEASURING CHARTS.

PLEASE DO NOT WRITE IN MARGINS
**HAND MEASUREMENT CHART**

Bio-Concepts Custom Pressure Garments are available only under Physician’s Order

**CIRCLE ITEMS ORDERED**

Bio-Concepts  
Use Only:  

<table>
<thead>
<tr>
<th>LEFT HAND</th>
<th>RIGHT HAND</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1</td>
<td></td>
</tr>
<tr>
<td>A</td>
<td></td>
</tr>
<tr>
<td>B</td>
<td></td>
</tr>
<tr>
<td>C</td>
<td></td>
</tr>
<tr>
<td>D</td>
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<td>E</td>
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<tr>
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<tr>
<td>J</td>
<td></td>
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<tr>
<td>K</td>
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<td>a</td>
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<td>f</td>
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<td></td>
</tr>
<tr>
<td>h</td>
<td></td>
</tr>
<tr>
<td>i</td>
<td></td>
</tr>
</tbody>
</table>

**HAND TRACINGS ARE REQUIRED**  
for all Gloves, Gauntlets, & Mittens

**REQUIRED MEASUREMENTS**

**Gloves:** All  
**Mittens:** All, except C thru J  
**Gauntlet:** A1, A, B, K, d, & i

---

**Additional instructions or comments:**

---

**PLEASE DO NOT WRITE IN MARGINS**

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REQUIRED in conjunction with HAND MEASUREMENT CHART • Position and trace patient's hand within outline

Take measurements a-i on the Hand Measurement Chart from the hand tracing.

If the glove is to have open finger tips, mark the desired ends of the fingers on the tracing with tic marks.

Place wrist crease on this line
REQUIRED in conjunction with HAND MEASUREMENT CHART • Position and trace patient's hand within outline

Take measurements a-i on the Hand Measurement Chart from the hand tracing.

Place wrist crease on this line

If the glove is to have open finger tips, mark the desired ends of the fingers on the tracing with tic marks.
**Patient**

Last Name: ___________________________ First Name: ___________________________

Date: ___________________________

Garment color: ___________________________

Insert: ___________________________

Lining: ___________________________

Zipper: □ Front or □ Back □ Hook & loop zipper stop tab

□ Regular neck
□ Scoop neck: Distance below sternal notch ___________________________

□ Turtle neck: □ ¼" □ 1" □ 1½" □ 2" □ 2½"

Expansion panel: □ Left side □ Right side
(default expansion panel location is lateral)

□ Soft armpit panels (N/C) □ Mesh armpit panels (N/C) □ Waist hook & loop tabs to attach to pants (N/C)

Refer to the Bio-Concepts Measuring Manual for detailed procedures, additional instructions, and example measuring charts.

Additional instructions or comments: ______________________________________________________

____________________________________________________

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**CIRCLE ITEMS ORDERED**

Bio-Concepts

Use Only: ___________________________

For a Vest (Items 30A, 31)

required: A, B, C, D, G, H, b, c, d

default expansion panel location is lateral

default expansion panel location is lateral

default expansion panel location is lateral

default expansion panel location is lateral

For a Body Brief or Suit (Items 24, 25, 26, 27, 28, 29)

required: All, except K and k

optional: None

For Adult Females:

Brassiere cup size: ___________________________

Chest circumference (over nipples): ___________________________

**CIRCUMFERENCES**

**Adult Female Torso**

**CIRCUMFERENCES**

**Male & Child Torso**

**HOW TO MEASURE**

CIRCUMFERENCES G & H

Acromial Process

Measure H & G with arm down and place the measuring tape distal (away) from the acromion.

**ADDITIONAL DISTANCES & CIRCUMFERENCES**

Body Briefs & Body Suits Only

**DISTANCES**

**Adult Female Torso**

**DISTANCES**

**Male & Child Torso**

E and F are evenly spaced between the waist and the gluteal fold.

b, c, d, and k are measured from Z to B, C, D, and K down the front of the torso.

K and k are OPTIONAL. They are to extend Vests below waist line, not for Body Briefs and Body Suits.

**For Adult Females:**

Brassiere cup size: ___________________________

Chest circumference (over nipples): ___________________________

**TORSO MEASUREMENT CHART**

Bio-Concepts Custom Pressure Garments are available only under Physician’s Order

**PLEASE DO NOT WRITE IN MARGINS**

**Bio-Concepts compression garments**

Bio-Concepts

Use Only: ___________________________

For a Vest (Items 30A, 31)

required: A, B, C, D, G, H, b, c, d

optional: K, k (see illustrations below)

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**CIRCUMFERENCES**

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CIRCUMFERENCES G & H

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**DISTANCES**

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Bio-Concepts

Use Only: ___________________________

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required: A, B, C, D, G, H, b, c, d

optional: K, k (see illustrations below)

For a Body Brief or Suit (Items 24, 25, 26, 27, 28, 29)

required: All, except K and k

optional: None

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Chest circumference (over nipples): ___________________________

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**DISTANCES**

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b, c, d, and k are measured from Z to B, C, D, and K down the front of the torso.

K and k are OPTIONAL. They are to extend Vests below waist line, not for Body Briefs and Body Suits.
**UPPER EXTREMITY MEASUREMENT CHART**

**Garment color**

**Insert**

**Lining**

**(Expansion panels are full length by default; ulnar when sleeve separate from torso, palmar when attached to a torso garment)**

1. **Sleeve wrist-elbow**
2. **Sleeve wrist-axilla**
4. **Gauntlet to elbow**
5. **Gauntlet to axilla**
7. **Glove to elbow**
8. **Glove to axilla**

Measure **A (armhole circumference)** with arm down and place the measuring tape distal (away) from the acromion.

<table>
<thead>
<tr>
<th>LEFT</th>
<th>RIGHT</th>
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</thead>
<tbody>
<tr>
<td>A</td>
<td></td>
</tr>
<tr>
<td>B</td>
<td></td>
</tr>
<tr>
<td>C</td>
<td></td>
</tr>
</tbody>
</table>

**Shoulder Flaps**

Shoulder flaps may be attached to any sleeve that reaches the axilla (No. 1, No. 2, No. 5, No. 8). Select flap style above, sleeve style to lower left. Enter shoulder flap measurements at left and sleeve measurements below.

**Sleeves**

For Sleeves, Suits, & Vests

<table>
<thead>
<tr>
<th>LEFT ARM</th>
<th>RIGHT ARM</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>1½</td>
<td>1½</td>
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</tr>
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<td>4½</td>
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</tr>
<tr>
<td>19½</td>
<td>19½</td>
</tr>
<tr>
<td>21</td>
<td>21</td>
</tr>
</tbody>
</table>

**Sleeves for Gloves & Gauntlets**

**Measure with arm down**

**Stump Measurement**

**STUMP**

<table>
<thead>
<tr>
<th>LEFT</th>
<th>RIGHT</th>
</tr>
</thead>
<tbody>
<tr>
<td>b</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
</tr>
</tbody>
</table>

**Stump cover style:**

- Orange peel
- Insert

**Additional instructions or comments:**

- Bio-Concepts Custom Pressure Garments are available only under Physician’s Order.
For additional measurements above 
the 4½ inch circumference use the
LOWER EXTREMIT Y CHART

FOOT MEASUREMENTS

LEFT

RIGHT

STANDARD TOES

Self Toe: the toe box is made from the same fabric as the rest of the garment.

Soft Toe: the toe box is made of a soft lining material; there is a seam around the foot joining it to the rest of the garment.

Open toe: stocking ends at your last circumference.

Use this form for all garments requiring foot measurements. Use the LOWER EXTREMIT Y CHART for measurements of the leg and lower torso.
Take one circumference measurement for each toe and write it in the appropriate box on the Foot Measurement Chart.

If the foot glove or gauntlet is to have open toe tips, mark the desired ends of the toes on the tracing with tic marks.

Draw a 3-inch long line in this box.
Use this sketch pad to draw or mark the locations of special inserts, linings, gussets, and other custom features that cannot be indicated on the appropriate order form. Be sure to use a black pen or pencil, and write as legibly as possible. Use the lettered points of reference to relate this drawing to your Bio-Concepts order forms. Fill in the patient name and the date.

Patient Name: ____________________________  Date: ________________

Be sure to provide measurements indicating the exact size and location of the items.