

PLEASE DO NOT WRITE IN MARGINS

HEAD & NECK MEASUREMENT CHART

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



2424 East University Drive, Phoenix, Arizona, U.S.A. 85034-6911
 VOICE: 800-421-5647 / 602-267-7854 • FAX: 800-650-9424 / 602-273-6931
 e-mail: bio-con@bio-con.com • worldwideweb: http://www.bio-con.com

Patient _____
 Last Name First Name

Date _____

Garment color _____

Insert _____

Lining _____

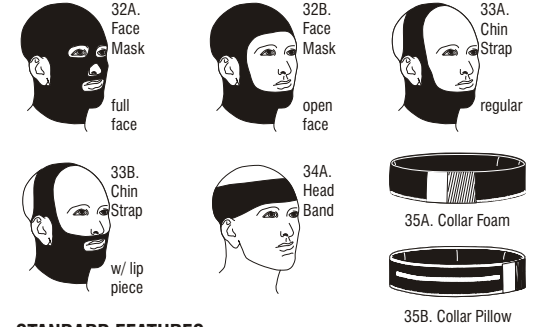
CIRCLE ITEMS ORDERED

Bio-Concepts
Use Only:

F=



Additional instructions or comments:



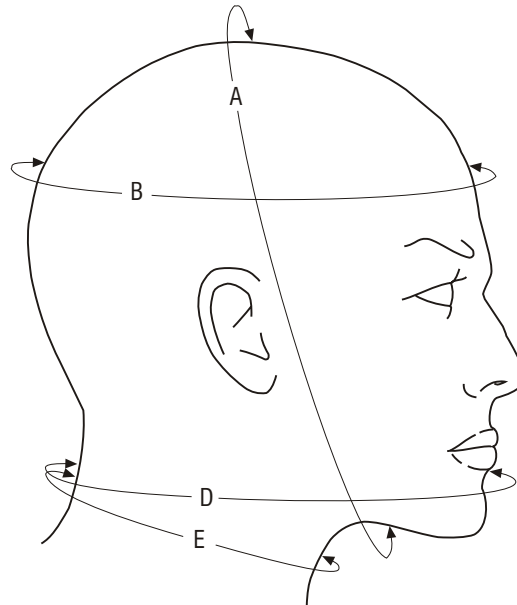
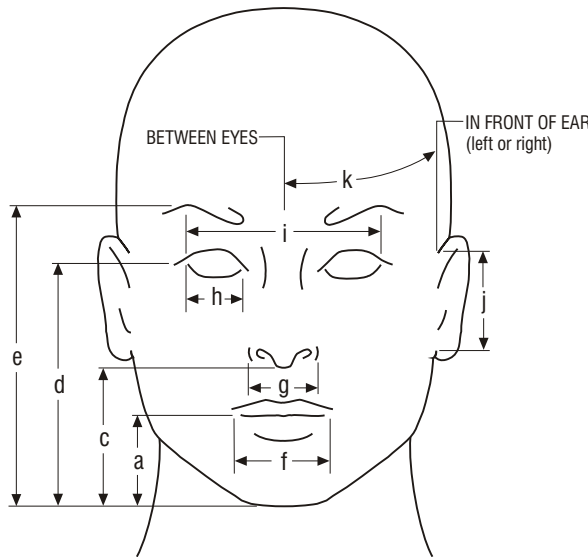
STANDARD FEATURES

- Face Mask:** Hook & loop closure with hair protector
- Chin Strap:** Hook & loop closure
- Head Band:** Slip-on, no closure
- Collar:** Hook & loop closure

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

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



FACE MASK MEASUREMENTS CHIN STRAP MEASUREMENTS

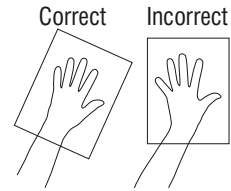
A		
B		
D		
E		
a		
c		
d		
e		
f		
g		
h		
i		
j		
k		

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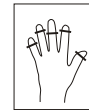
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REQUIRED in conjunction with HAND MEASUREMENT CHART • Position and trace patient's hand within outline

Patient _____ Date _____



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



0.8x4.00

Please do not send a hand tracing without a scale

Draw a 3-inch long line in this box

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

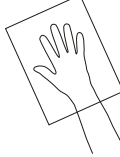
Place wrist crease on this line

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

Patient _____ Date _____

0.8x4.00

Correct



Incorrect

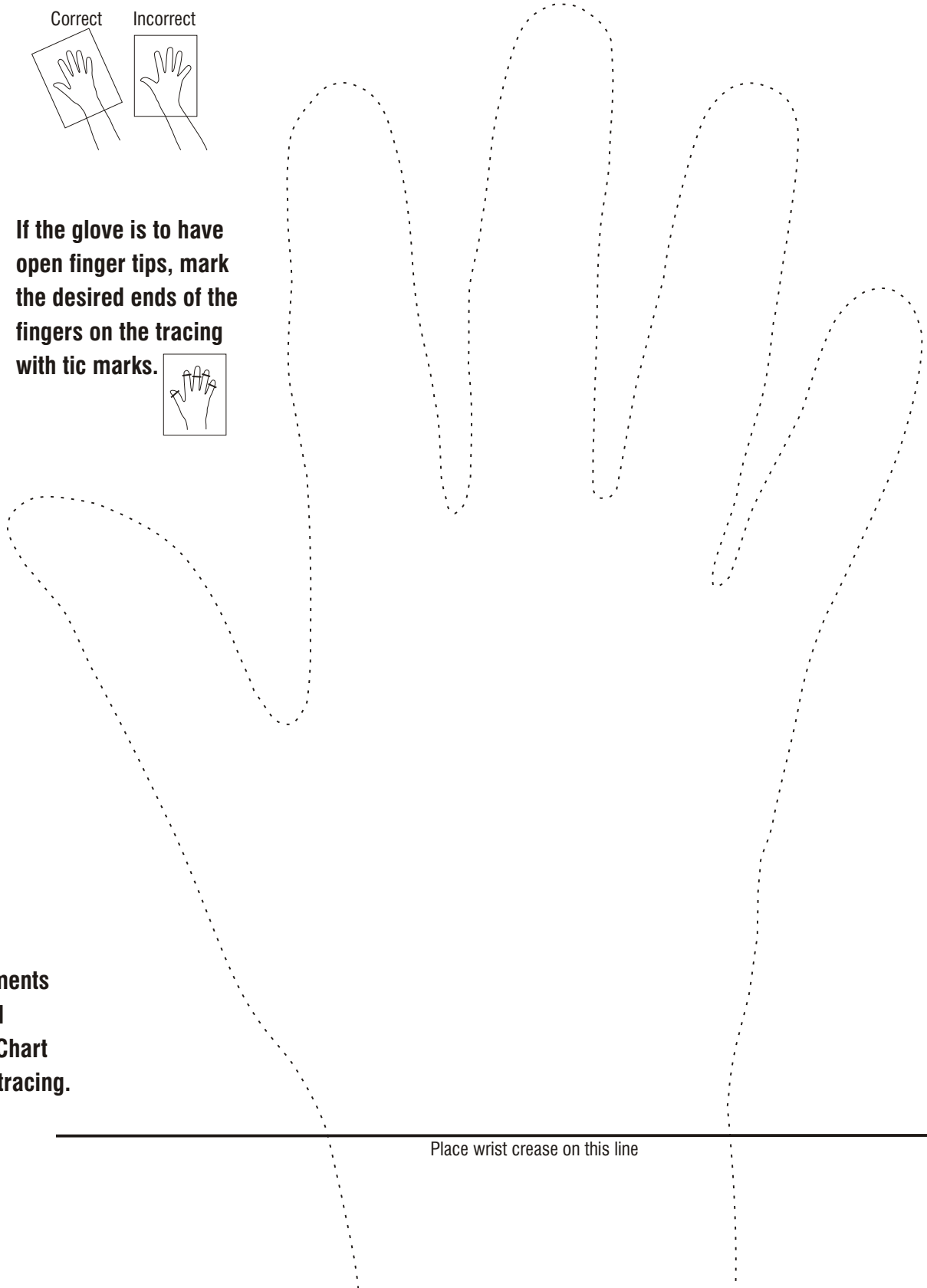


Draw a 3-inch long line in this box

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



PLEASE DO NOT WRITE IN MARGINS
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PLEASE DO NOT WRITE IN MARGINS

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

Place wrist crease on this line

FOOT MEASUREMENT CHART

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Patient _____
 Last Name First Name
 Date _____

Garment color _____
 Insert _____
 Lining _____

Zipper(s):
 Left Lateral Medial Hook & loop zipper stop tab
 Right Lateral Medial Hook & loop zipper stop tab
Expansion panel: Left Right
 (default location is posterior leg to plantar foot)

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

Additional instructions or comments:

CIRCLE ITEMS ORDERED
 Bio-Concepts Use Only: F=

For additional measurements above the 4½ inch circumference use the LOWER EXTREMITY CHART

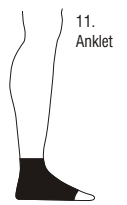
FOOT MEASUREMENTS

	LEFT	RIGHT
4½		
3		
1½		
D		
E		
F		
e		
f		
g		

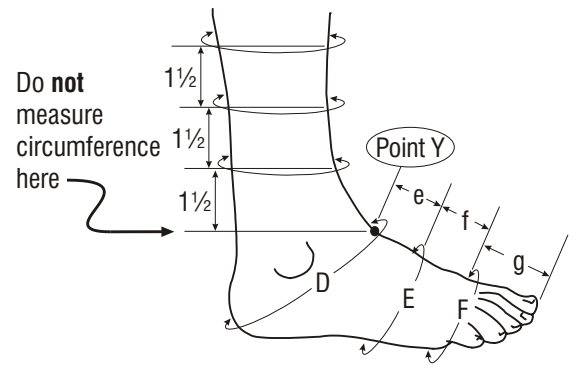
Self toe Soft toe Open toe

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 EXTREMITY CHART for measurements of the leg and lower torso



Feet For:



TOE CIRCUMFERENCES and FOOT TRACINGS are ONLY REQUIRED for:

	LEFT FOOT	RIGHT FOOT
a		
b		
c		
d		
e		

36. Foot Glove
 37. Foot Gauntlet
 38. Foot Mitten

Individual toes: Open Closed

SPECIALTY TOES

Foot Gloves, Gauntlets, and Mittens are specialty items (normally attached to other lower extremity garments), used only when separate enclosures for the toes are needed. Attach a foot tracing; use the Bio-Concepts FOOT TRACING GUIDE.

FOOT
TRACING GUIDE



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Patient _____

Date _____

0.8x4.00

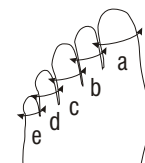
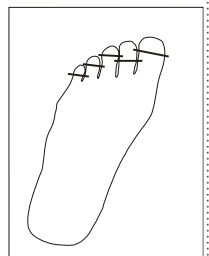
Please do not send a hand tracing without a scale

Draw a 3-inch long line in this box

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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.



Take one circumference measurement for each toe and write it in the appropriate box on the Foot Measurement Chart.

Required ONLY for Foot Gloves, Foot Gauntlets, and Foot Mittens (Items 36, 37, & 38)

SKETCH PAD
CUSTOM PRESSURE GARMENTS



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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.

