### **ORDER FORM**

**CUSTOM PRESSURE GARMENTS** 

SUBMIT THIS FORM WITH ALL ORDERS, REORDERS & ALTERATIONS



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

	☐ New Patient ☐ Existing Patient	Garn	nent(s) Ordered	Qty L	Qty R	Total
Bio-Concepts Patient Number	Thew I attent Existing I attent	Part No.	Description	- GIY L	Qty 11	Qty
	SHIP TO Facility Specify Shipping Method:					
ONDER DATE NEED DI DATE	Patient					
MM/DD/YYYY MM/DD/YYYY						
REQUIRED PATIENT INFORMATION	NOTE D' O	)				
Date of Birth Gender	NOTE: Bio-Concepts Custom Pressure Garments are available only under physician's orders.					
MM/DD/YYYY						
Last Name	First Name					
IS THIS A BURN PATIENT?  Yes  No	Edema 🗌 Traumatic Scar 🔲 Lymphedema					
Desired Pressure: mmHg Other:						
FACILITY INFORMATION		)				
Purchase Order #	Measured by					
Billing Contact						
Billing Telephone	Quickest way to contact you: Telephone/Pager/Fax/Email					
Dilling telephone		1		<del>                                     </del>		
Name of Facility						
Shipping Address	Dilling Address					
Silipping Address	Billing Address					
	_					
The full destination address landade the description	The address where we will send an invaire if different					
The full destination address. Include the department, room number, apartment number, etc. If shipping to	The address where we will send our invoice if different from the shipping address. If we are to bill insurance,	<u> </u>	NEVED DECEMB OF DOMARTS OF OF MEASURES	MENTS TO		·D
patient, include the patient's phone number.	write "insurance" and provide information below.	вю-с	NEVER RESEND OLD CHARTS OR OLD MEASUREM ONCEPTS USE ONLY	MENTS TO	REURDE	
IF BILLING INSURANCE/WORKMAN'S COMP/HE		) (Plea	se write nothing in this block)			
the prescription, letter of medical necessity, insurance of	nt us to try billing the patient's health plan. Attach a copy of card, and, if available, a copy of the hospital face sheet.					
Insurance Carrier	Date of Injury					
	MM/DD/YYYY					
Insurance Telephone	_		Download these charts at: www.bio-con.com/custo	m_garmen	ts.php	

F=

## **HEAD & NECK**

#### **MEASUREMENT CHART**

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Patient	Last Name	First Name
Date		
	t color	
Lining_		

Bio Concepts  Compression garments

Bio-Concepts Use Only:

Additional instructions or comments:

CIRCLE ITEMS ORDERED

Face











#### STANDARD FEATURES

Hook & loop closure with hair protector Face Mask:

Hook & loop closure Chin Strap: **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.

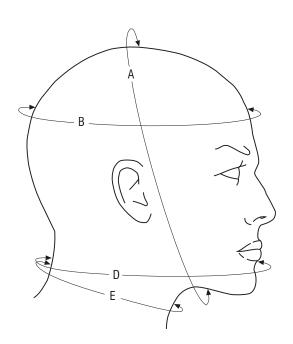
### **REQUIRED MEASUREMENTS**

Face Mask:

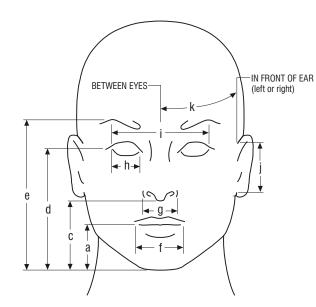
A-E, a, e & f, j & k Chin Strap:

B, and desired height of band in front **Head Band:** 

E, and desired height of collar Collar:



# **FACE MASK CHIN STRAP MEASUREMENTS MEASUREMENTS** Α В D Ε a С d е g h



#### HAND MEASUREMENT CHART

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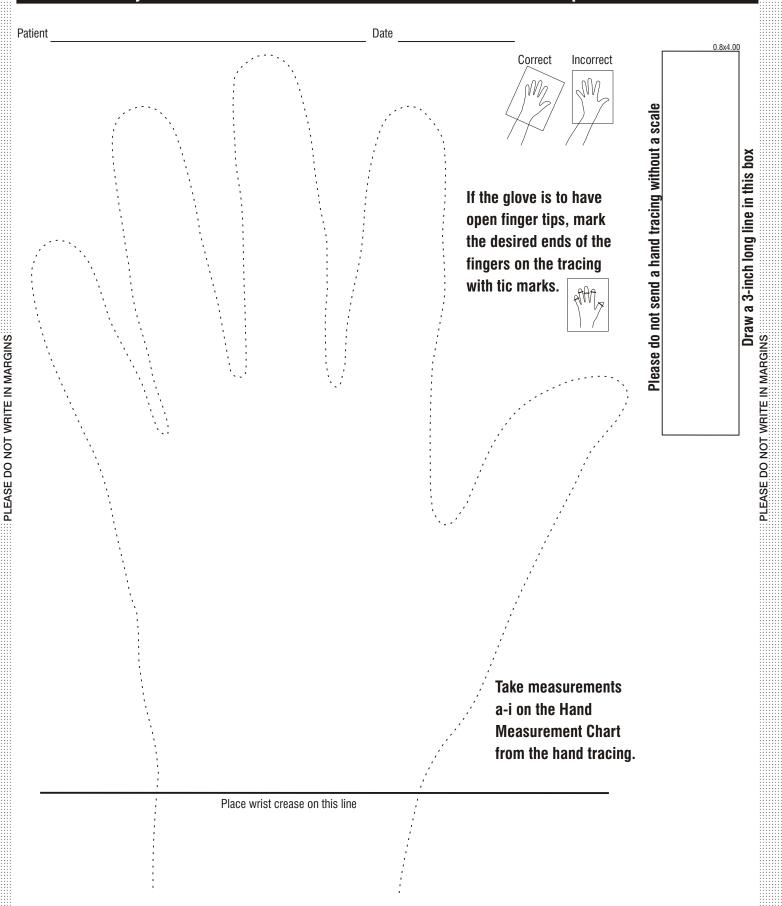
atient Last Name First Name	CIRCLE ITEN  Bio-Concepts Use Only:	MS ORDERE F=		HAND TRACINGS Are required	LEFT HAND	RIGHT HAND
ate	Use Offiy.	·		for all Gloves,	A <sub>1</sub>	
	3. Gauntle to wris	et 4. Gauntlet to elbow	5. Gauntlet to axilla	Gauntlets, & Mittens	Α	
arment color		1	<b>X</b>	Millens	В	
sert	. 0 - 6	, <u> </u>	W, a		С	
	6. Glove to wrist	7. Glove to elbow	8. Glove to axilla	9. Mitten to wrist	D	
				WHOL	E	
ning	· ,	ख्य	ख्र			
	Use the UPPER EXTREMITY			EASUREMENTS	F	
eft hand zipper: Dorsal Palmar Ulnar Radial With hook & loop zipper stop tab	CHART		Gloves: All Mittens: All	, except C thru J	G	
ight hand zipper: Dorsal Dealmar Ulnar Radial	for adding sleeves to			1, A, B, K, d, & i	Н	
With hook & loop zipper stop tab  Glove and Gauntlet zippers normally open at the proximal end	gloves & gauntlets.				1	
of the garment and extend to just proximal to the knuckles (MCP's).  Finger/thumb tips closed Finger/thumb tips open	Refer to the		$G \rightarrow G$		J	
Refer to the Bio-Concepts Measuring Manual	Bio-Concepts Measuring	E	g	*	К	
for detailed procedures, additional instructions, and example measuring charts.	Manual for instructions	f	JH J+	-	a	
dditional instructions or comments:	on measuring contracted	e F			b	
	fingers.	TO TO		+ $//$	С	
	Use the		В	f K	d	
	hand tracing to illustrate	4				
	special features &	a	b C d		е	
	options.				f	
	NOTE: Always take				g	
	distances		Δ		h	
	(a-i) from a hand tracing	11/2"	7	WRIST	i l	
	not from the patient	1/2	———A1 ———	TO END OF FING		<u>†                                    </u>
	•	$\rightarrow$		₩ TO END OF GLOV	/E FOR OPEN TIPS——	





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

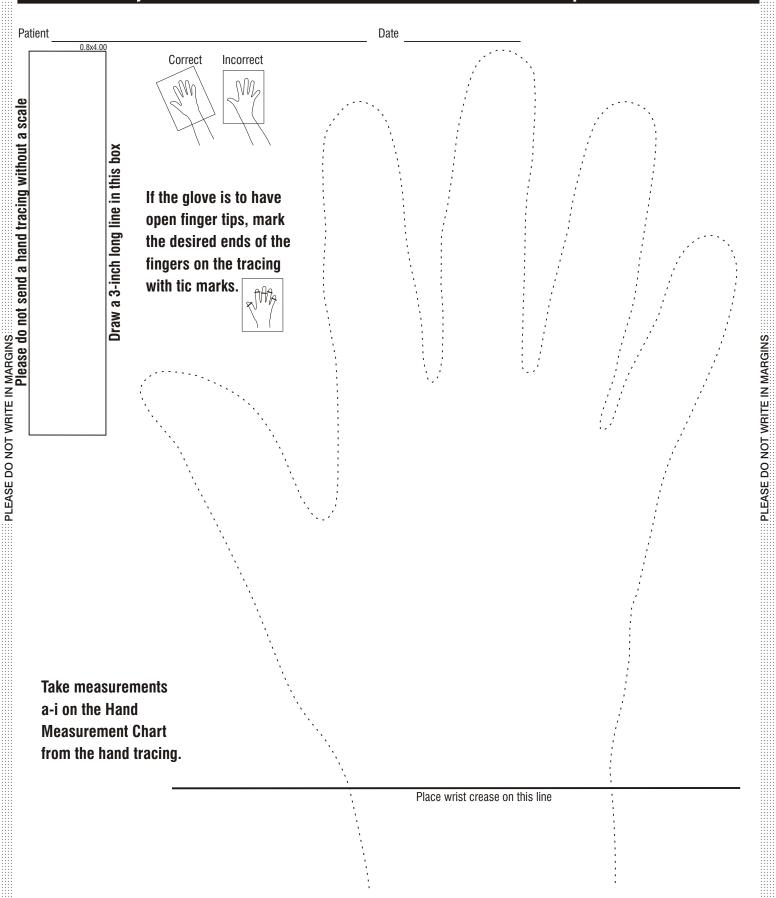


## RIGHT HAND TRACING GUIDE



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



#### **TORSO MEASUREMENT CHART**

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PatientLast Name	First Name
Date	
Garment color	
Lining	
Zipper: Front or Back Hook	a & loop zipper stop tab
Scoop neck: Distance below sterna	
Turtle neck: □3/4" □1" □11/2"	
Expansion panel: Left side Riq (default expansion panel location is late	eral)
Soft armpit panels (N/C)  Mesh armpit panels (N/C)	
Refer to the Bio-Concepts Me for detailed procedures, additional and example measuring charts:  Additional instructions or comments:	nal instructions,



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CIRCLE ITEMS ORDER Bio-Concepts Use Only: F=	RED PARTIES	24. Body Brief sleeveless	25. Body Brief sleeved	26. Suit Sleeveless to above knee	0	t Suit Sleeveless to toe
For a Vest (Items 30A, 31)  required: A, B, C, D, G, H, I for adult female: brassiere cup siz torso circumfere optional: K, k (see illustrat  For a Body Brief or Suit (Items 24 required: All, except K and	e nce over breasts ions below) , 25, 26, 27, 28, 29)	29. Suit Sleeved to toe or ankle	30A. Vest sleeveless	30B. Sternal Strap	31. Ves	
for adult female: brassiere cup siz torso circumfere	e nce over breasts	For Adult Fei Brassiere				
optional: None For other torso garments refer to	the Measuring Manual	Chest circ	umference		A	
CIRCUMFERENCES	CIRCUMFERENCES	(over nipp	les):		В	
Adult Female Torso	Male & Child Torso		HOW TO MEASURI	=	C	
	A	C	IRCUMFERENCES G		D	
, , , , , , , , , , , , , , , , , , ,	H V G			orna	E	
B	B	<i>x</i>			F	
C waist	C	<i>*</i>	√		G L	
K	waist	plac	ure <b>H</b> & <b>G</b> with arm do the the measuring tape (	distal	H R	
For adult females <b>C</b> is directly below the breasts. Don't forget to	For adult males and child <b>C</b> is halfway between <b>D</b> a	lren,	way) from the acromic	on.	ΙL	
take an additional circumference of the torso over the breasts.	G is ildiiway between D ai	iiu <b>b</b> .	ADDITIONAL DIS & CIRCUMFERI		<b>J</b> R	
DISTANCES	DISTANCES		Body Briefs & Body		K	
Adult Female Torso	Male & Child Torso		+ + + · · · · · · · · · · · · · · · · ·	/L J	b	
A	A	_			С	
b   C	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	, b   c	e		d	
			f g      \	Juniot	е	
D waist	C	'waist		/ waist ▼ E	f	
K	K	waist ↓ ' ↓k	Х	* I & J	g	
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 <b>Ves</b> below waist line, not for <b>E</b>	ts	and <b>F</b> are evenly spa	ced between	k	

Briefs and Body Suits.

the waist and the gluteal fold.

## **UPPER EXTREMITY**

Patient Last Name	First Name
Date	
Garment color	
Insert	
113011	
Lining	
Left hand zipper: Dorsal Palr With hook & loo	mar Ulnar Radial p zipper stop tab
Length (if not full)	
Right hand zipper: Dorsal Pa	almar — Ulnar — Radia oop zipper stop tab
Length (if not full)	
Expansion panel: Left Right (Expansion panels are full length by separate from torso, palmar when at	
Refer to the Bio-Concepts for detailed procedures, add	Measuring Manual litional instructions,
and example measuring cha	
Additional modulons of comments	•

Bio Concepts compression garments
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RIGHT

Shoulder

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.

Shoulder

LEFT

Compr	ession garments e-m	ail:bio-con@bio-
CIRCLE ITEN Bio-Concepts Use Only:	F=	Shoulder Flaps  10A. Shoulder Flap  regular male &
C-	Measure A (armhole circumference) with arm down and place the measuring tape distal (away) from the acromion	child
. A \	cromion A acromion	A B
B		
Male/Child St Flap Measure		male Shoulder easurements
Sleeves	Sleeves for Glov	ves & Gauntlets
Sieeve wrist-elbow or elbow-axilla	2. Sieeve 4. Gauntlet 5. Gauntlet to elbow axilla	7. Glove Glove to axilla
Sleeves for I	Briefs, Suits, & Vests	
25. 27. Sleeved \tag{St} to	7. <u>Ω</u> 29. <u>Ω</u> 31.	
dorsal	11/2" increments	Measure with arm
-		)}
	Stump Measurement	
	STUMP LEFT R	IGHT
-	С	
- C→ C→ D	Stump cover style: Orange pee	el

FROM WRIST or AXILLA	LEFT ARM	RIGHT ARM
0	LLI I AITIVI	THATTI ATIVI
0		
11/2		
3		
41/2		
6		
71/2		
9		
10½		
12		
13½		
15		
16½		
18		
19½		
21		

Insert

## LOWER EXTREMITY

MEASUREMENT CHART

**Last Name** 

Patient

Date

Insert

Lining

Zipper(s):

Length (if not full) & Location:

Open pubis

Closed pubis

Expansion panel: Left Right

**Suspenders**: Attached Removable

and example measuring charts.

Additional instructions or comments:

Garment color

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Left Lateral Medial Hook & loop zipper stop tab
Right Lateral Medial Hook & loop zipper stop tab

(default location is posterior leg)

Refer to the Bio-Concepts Measuring Manual for detailed procedures, additional instructions,

☐ Waist hook & loop tabs

to attach to torso (N/C)

First Name

V	
A Dia (	onconto
	Concepts ion garments
compress	ion garments!

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compression garments	e-mail:bio-con@bio-con.co
12. Stocking to knee to thigh 14. Stocking to knee no foot	15. Stocking to thigh no foot knee to thigh
18. 19. Two Legs Panty to waist pregnar	21. Brief & Chap leg to mid-thigh
23. Brief Body Suit 2 legs above knee  26. Body Suit Sleeveless to above knee  27. Body Su Ssleeved to above knee	sleeveless
STUMP MEASUREMENT LEFT	RIGHT
h i Stump cover st	yle: Orange peel
. I measi	nis form for all garments requiring urements of the leg(s). Use the MEASUREMENT CHART for all urements of the foot (including nel circumference).
A the Circum	ferences <b>B</b> & <b>C</b> be evenly spaced n <b>A</b> and <i>Point X</i>
Bio-Co	See the TORSO
Measu Manua import	I for
1½" information on the	ation B
* Increments to Floo	r C C
FOLD TO	a
FLOOR	b
Point Y	С
	A <sub>1</sub>
<u>\</u>	a₁



START AT X or Y	LEFT LEG	RIGHT LEG
0		
11/2		
3		
41/2		
6		
71/2		
9		
10½		
12		
13½		
15		
16½		
18		
19½		
21		
22½		
24		
25½		
27		
281/2		
30		
31½		
33		

#### **FOOT**

#### MEASUREMENT CHART

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PatientLast 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:

Comp	ression garme	entsi e-
	MS ORDER	ED 🖎 🕠
Bio-Concepts Use Only:	F=	

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

## FOOT MEASUREMENTS LEFT RIGHT

41/2	
3	
11/2	
D	
Е	
F	
е	
f	
g	



## STANDARD TOES

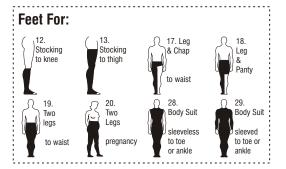
**Self Toe**: the toe box is made from the same fabric as the rest of the garment.

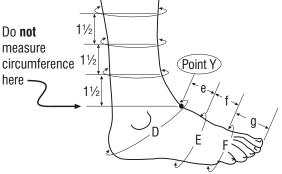
**Soft Toe**: the toe box is made of a soft lining material; there is a seam around the foot joining it to the rest of the garment.

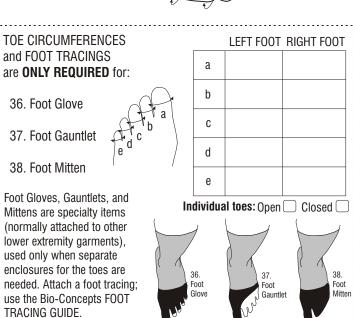
**Open toe**: stocking ends at your last circumference.

Use this form for all garments requiring foot measurements. Use the LOWER EXTREMITY CHART for measurements of the leg and lower torso









## FOOT TRACING GUIDE



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Patient \_\_\_\_\_

Date

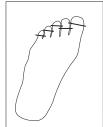
PLEASE DO NOT WRITE IN MARGINS

Please do not send a hand tracing without a scale

A scale

Draw a 3-inch long line in this box

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.



PLEASE DO NOT WRITE IN MARGINS



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, gussetts, 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:

