PLEASE DO NOT WRITE IN MARGINS

LOWER EXTREMITY
MEASUREMENT CHART

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

Bio Concepts compression garments
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 _____

_____

Zipper(s):
☐ Left ☐ Lateral ☐ Medial ☐ Hook & loop zipper stop tab
☐ Right ☐ Lateral ☐ Medial ☐ Hook & loop zipper stop tab

Length (if not full)
& Location: _____

Expansion panel: ☐ Left ☐ Right
(default location is posterior leg)

Suspenders: ☐ Attached ☐ Removable

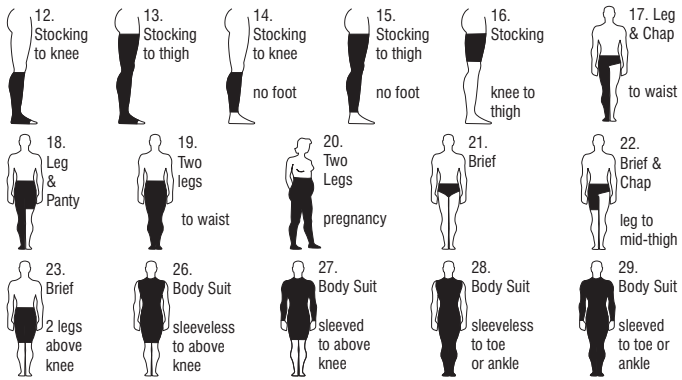
☐ Open pubis
☐ Closed pubis

☐ Waist hook & loop tabs to attach to torso (N/C)

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

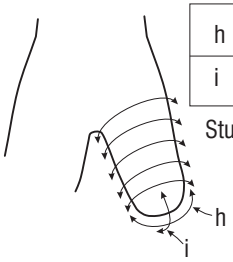
Additional instructions or comments:

_____
_____
_____
_____
_____
_____
_____



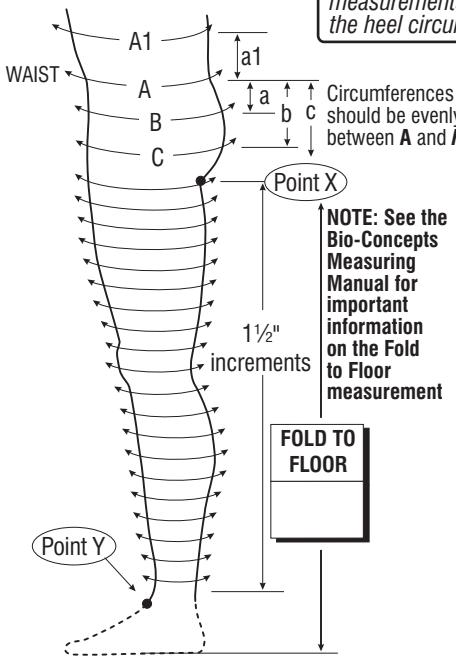
STUMP MEASUREMENT

	LEFT	RIGHT
h		
i		



Stump cover style: ☐ Orange peel
☐ Insert

Use this form for all garments requiring measurements of the leg(s). Use the FOOT MEASUREMENT CHART for all measurements of the foot (including the heel circumference).



Circumferences **B** & **C** should be evenly spaced between **A** and ***Point X***

NOTE: See the Bio-Concepts Measuring Manual for important information on the Fold to Floor measurement

TORSO

A	
B	
C	
a	
b	
c	
A_1	
a_1	

CIRCLE ITEMS ORDERED

Bio-Concepts Use Only: F=

START AT X or Y	LEFT LEG	RIGHT LEG
0		
1½		
3		
4½		
6		
7½		
9		
10½		
12		
13½		
15		
16½		
18		
19½		
21		
22½		
24		
25½		
27		
28½		
30		
31½		
33		

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