Comfort Gaze Medical

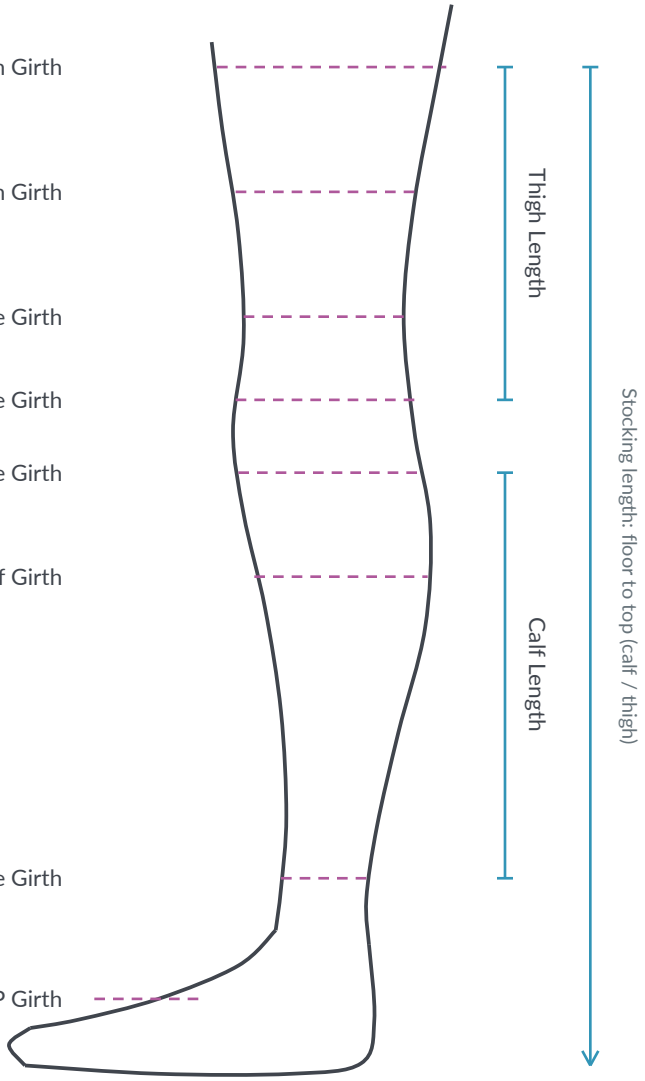
Fax or email your completed order to:
Fax 443.455.1402 | orders@comfortcaremd.com
Questions? Call us at 888.358.1580

LE Measurement Chart

Patient's Name: _____ Date: _____

Best Day Phone #: _____ Therapist: _____

LEFT	RIGHT	
_____	_____	Groin Girth
_____	_____	Mid Thigh Girth
_____	_____	Above Knee Girth
_____	_____	Mid Knee Girth
_____	_____	Below Knee Girth
_____	_____	Largest Calf Girth
_____	_____	Ankle Girth
_____	_____	MTP Girth
_____	_____	Heel to MTP
_____	_____	Foot Length



NOTES:

Comfort Cave Medical

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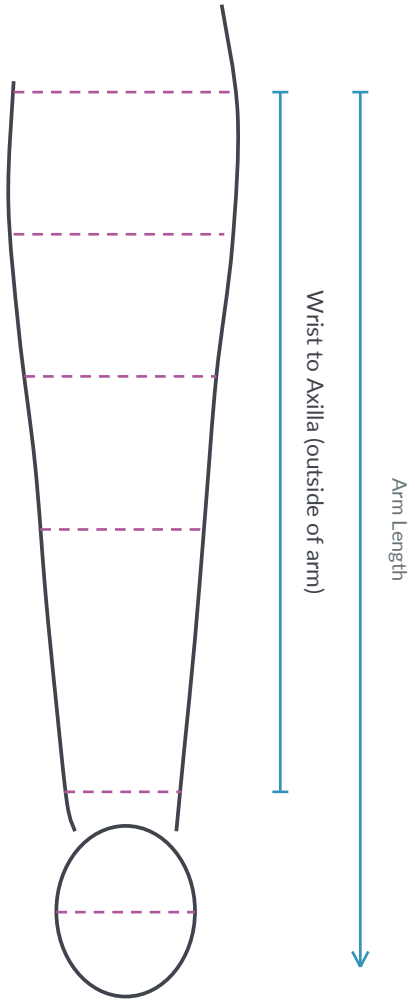
UE Measurement Chart

Patient's Name: _____ Date: _____

Best Day Phone #: _____ Therapist: _____

LEFT	RIGHT	
_____	_____	Axilla Girth
_____	_____	Upper Arm Girth
_____	_____	Elbow Crease Girth
_____	_____	Forearm Girth
_____	_____	Wrist Girth
_____	_____	MCP Girth



Band Measurements (mastectomy garments)

Step 1a - band girth under bust: _____

Step 2 - over fullest part of chest: _____

NOTES:

_____

_____

_____