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

sigvaris

Chipsleeve® Custom

ARM

Patient Name:	Contact Name:
Account Name:	Account #:
Account Phone #:	P.O. #:
Item #: 2739-AR Height:	Weight:
Ship Name & Address:	Date:

Product Information

Product includes one Chipsleeve Custom Arm, one pair of Cotton Liners, and one black Oversleeve.

☐ Right Arm	Color: Black
☐ Left Arm	Color: Black

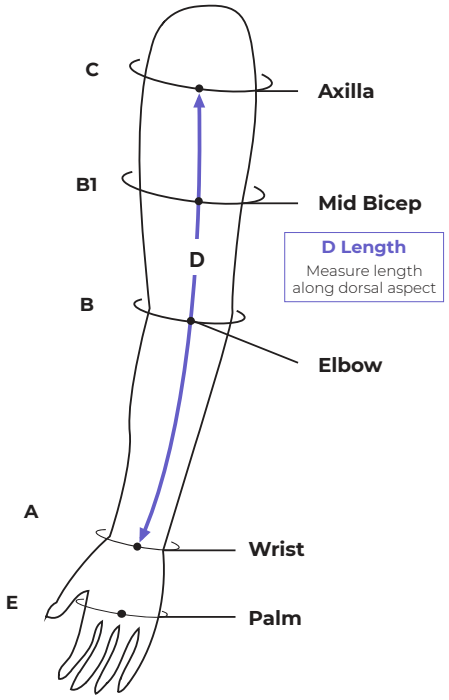
Circumference

	Left	Right
C		
B1		
B		
A1		
A		
E		

D Length

Measure length along dorsal aspect

D _____ _____



Important

Exact measurements are critical for this garment to ensure a proper fit. If you have questions about measuring for **this garment or would** like assistance with measuring and fitting this garment please contact

Measurement disclaimer for this product:
Axilla (C) measurement must be < 54 cm.

Supplies needed

- Cell phone with camera. Photos of the arm with measurement markings must be emailed to:
- Measuring instructions and forms.
- SIGVARIS GROUP Measuring tape and body pen (or eyeliner pencil).

Measuring Instructions

With patient seated, place the arm extended and elbow bent slightly, with the palm down, on a flat surface.

Circumferences

- Measure circumference at palm and record on line E.
- Measure circumference at wrist, and record on line A.
- Mark dorsal aspect at distal edge of tape.
- Measure circumference at forearm, and record on line A1.
- Measure circumference at elbow, and record on line B.
- Measure circumference at mid bicep, and record on line B1.
- Measure circumference at axilla, and record on line C.
- Mark dorsal aspect at proximal edge of tape.

Length

Measure length at dorsal aspect from mark at Point A to mark at Point C and record in box D.

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

sigvaris

Chipsleeve® Custom

CALF AND FOOT

Patient Name:		Contact Name:
Account Name:		Account #:
Account Phone #:		P.O. #:
Item #: 2739-BK	Height:	Weight:
Ship Name & Address:		Date:

Product Information

Product includes one Chipsleeve Custom Calf & Foot, one pair of Non-compressive Basic Liners, and one black Oversleeve.

☐ Right Calf	Size:	Item #:
Color: Black	Length:	Quantity:
☐ Left Calf	Size:	Item #:
Color: Black	Length:	Quantity:

Important

Exact measurements are critical for this garment to ensure a proper fit. If you have questions about measuring for **this garment or would** like assistance with measuring and fitting this garment please contact

Measurement disclaimer for this product:
Max calf (C) measurement must be < 68 cm.

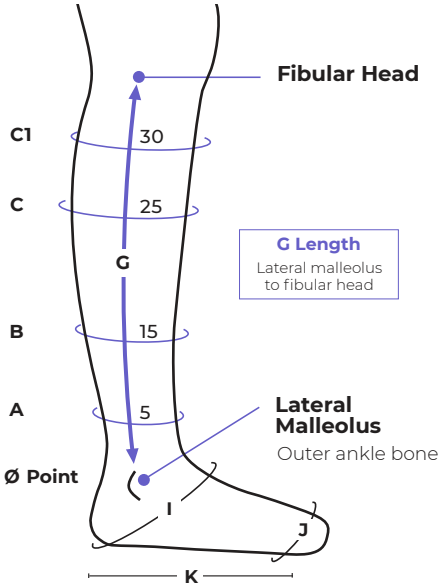
Supplies Needed

- Cell phone with camera. Photos of the arm with measurement markings must be emailed to:
- Measuring instructions and forms.
- SIGVARIS GROUP Measuring tape and body pen (or eyeliner pencil).

Circumference

	Left	Right
C1		
C		
B		
A		
I		
J		
G		
K		

G Length
Regular: 30–33.9cm
Tall: 34–42cm



Measuring Instructions

With patient standing on flat surface measure the lateral aspect of leg.

Circumferences

- Measure circumference of ankle bend and heel and record on line I.
- Measure circumference across metatarsal heads and record on line J.
- Measure circumference at the 5cm and record online A.
- Measure circumference at the 15cm and record online B.
- Measure circumference at the 25cm and record online C.
- Measure circumference at the 30cm and record online C1.
- Mark lateral aspect at proximal edge of tape.

Length

Measure length from lateral malleolus to the bottom of the fibular head and place marks for circumference measurements on the 5cm, 15cm, 25cm and 30cm. Record the length online G. Measure length on medial side of foot from heel to 1st metatarsal head and record on line K.

sigvaris

Chipsleeve® Custom

FULL LEG

Patient Name:	Contact Name:
Account Name:	Account #:
Account Phone #:	P.O. #:
Item #: 2739-TH Height:	Weight:
Ship Name & Address:	Date:

Product Information

Product includes one Chipsleeve Full Leg, one pair of Cotton Liners, and one black Oversleeve.

☐ Right Leg	Size:	Item #:
Color: Black	Length:	Quantity:
☐ Left Leg	Size:	Item #:
Color: Black	Length:	Quantity:

Important

Exact measurements are critical for this garment to ensure a proper fit. If you have questions about measuring for this garment or would like assistance with measuring and fitting this garment please contact

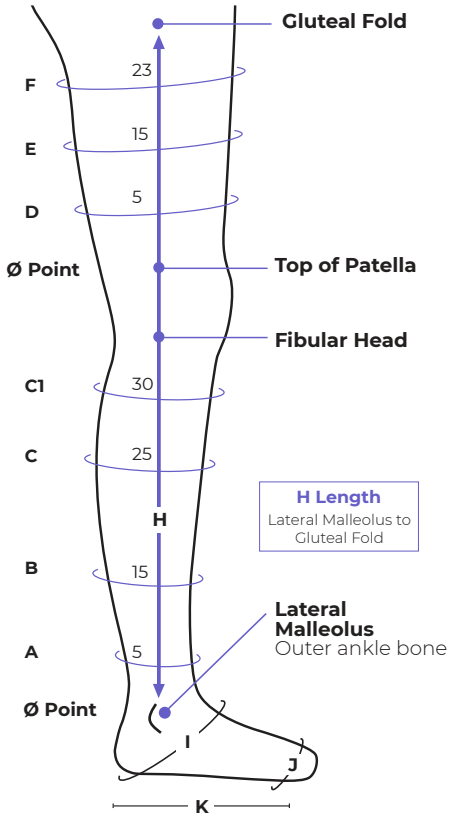
Measurement disclaimer for this product:
Max thigh (F) measurement must be < 84 cm.

Supplies needed

- Cell phone with camera. Photos of the arm with measurement markings must be emailed to:
- Measuring instructions and forms.
- SIGVARIS GROUP Measuring tape and body pen (or eyeliner pencil).

Circumference	Left	Right
F		
E		
D		
C1		
C		
B		
A		
I		
J		
H		
K		

H Length
Short: 61–70.9cm
Regular: 71–80.9cm
Tall: 81–91cm



K Length: Measure **medial** length from heel to 1st metatarsal head

Measuring Instructions

With patient standing on flat surface measure the lateral aspect of leg.

Circumferences:

- Measure circumference of ankle bend and heel and record on line I.
- Measure circumference across metatarsal heads and record on line J.
- Measure circumference at the 5cm and record online A.
- Measure circumference at the 15cm and record online B.
- Measure circumference at the 25cm and record online C.
- Measure circumference at the 30cm and record online C1.
- Measure circumference 5cm above patella and record online D.
- Measure circumference 15cm above patella and record online E.
- Measure circumference 23cm above patella and record online F.
- Mark lateral aspect at proximal edge of tape.

Length

Measure length from lateral malleolus to the Gluteal Fold and place marks for circumference measurements on the 5cm, 15cm, 25cm, 30cm, from the malleolus and 5cm, 15cm, 23cm, above the patella. Record the length on line H. Measure length on medial side of foot from heel to 1st metatarsal head and record on line K.