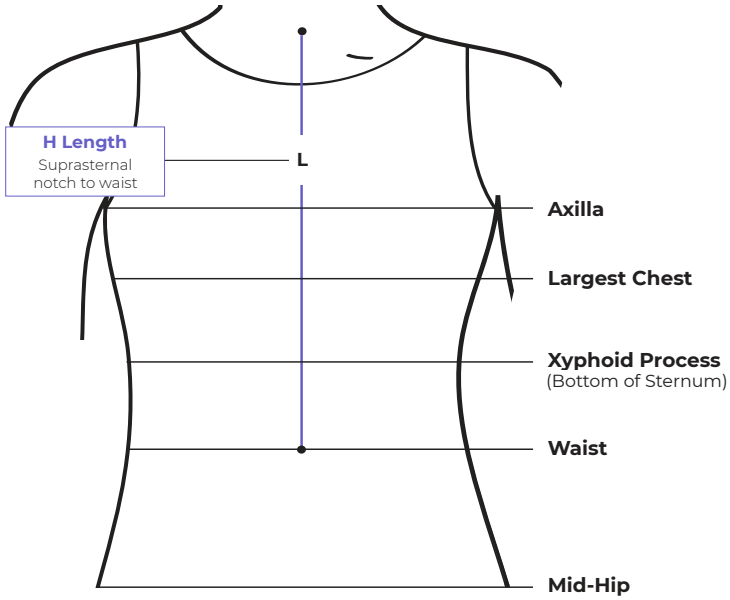
sigvaris

Chipvest®
CUSTOM

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



Product Information

Product includes one Chipvest Custom.

Custom Chipvest Item #: **2239-VS**

- ☐ Full (Bilateral)
- ☐ Right Side (unilateral)
- ☐ Left Side (unilateral)

Measuring Instructions

Step 1:
Measure the length in centimeters from the suprasternal notch to the waist.

Step 2:
Measure circumferences in centimeters.

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 chest (B) measurement must be < 131 cm.

Custom Size Measurments

Length	Centimeters
L	
Circumference	**Centimeters**
Axilla	
Largest Chest	
Xyphoid Process	
Waist	
Mid-Hip	

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).

Caution:
Drawstring contains natural rubber latex which may cause allergic reactions.