

sigvaris

Medaboot® Custom FOOT

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

Product Information

Product includes one Medaboot.

- | | | |
|-------------------------------------|--------------|-----------|
| ☐ Right Foot | Color: Black | Quantity: |
| ☐ Left Foot | Color: Black | 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

Supplies needed

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

Circumference

Left Right

I _____

J _____

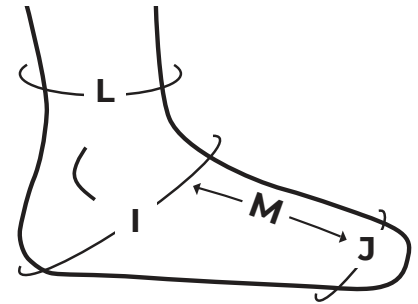
L _____

Length

Left Right

K _____

M _____



K

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

Measuring Instructions

All measurements should be recorded in centimeters. Apply slight tension to hold the tape measure in place.

Measure Foot

- Measure foot medially from heel to 1st metatarsal head (or desired boot length) and record length on line K.
- Measure top of foot from the 3rd metatarsal head to ankle bend and record length on line M.
- Encircle the ankle bend and heel with a tape measure and record the circumference on line I.
- Encircle the foot across the metatarsal heads and record the circumference on line J.
- Measure the ankle circumference and record on line L.