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 Our website: absolutemedical.com

Patient Last Name: _____ Patient First Name: _____
 Fitter Last Name: _____ Fitter First Name: _____
 Date: _____

COMPREFIT PLUS

PRODUCT INFORMATION

Leg	Size	Length	Item #	CompreBoot Size
<input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT				
Leg	Size	Length	Item #	CompreBoot Size
<input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT				

COMPREFIT PLUS REGULAR SIZING CHART (A-C1)

	SMALL	MEDIUM	LARGE	XLARGE	XXLARGE
C1	24-34cm	29-39cm	34-44cm	43-53cm	50-60cm
C	24-34cm	29-39cm	34-44cm	43-53cm	50-60cm
B	19-29cm	24-34cm	28-38cm	36-46cm	39-50cm
A	15-24cm	16-25cm	20-31cm	27-37cm	28-38cm
BLACK					
REGULAR	1101-BPR	1102-BPR	1103-BPR	1104-BPR	1105-BPR

COMPREFIT PLUS TALL SIZING CHART (A-C1)

	SMALL	MEDIUM	LARGE	XLARGE	XXLARGE
C1	24-34cm	29-39cm	34-44cm	43-53cm	50-60cm
C	21-31cm	26-36cm	30-40cm	39-49cm	45-55cm
B	16-26cm	20-30cm	25-35cm	31-41cm	35-45cm
A	15-24cm	16-25cm	20-31cm	27-37cm	28-38cm
BLACK					
TALL	1101-BPT	1102-BPT	1103-BPT	1104-BPT	1105-BPT

COMPREBOOT SIZING CHART (I-K)

	SMALL		MED / LARGE		XL / XXL	
	REGULAR	LONG	REGULAR	LONG	REGULAR	LONG
I	28-36cm	28-36cm	≤39cm	≤39cm	≤44cm	≤44cm
J	22-26cm	22-26cm	≤30cm	≤30cm	≤33cm	≤33cm
K	14-18cm	19-23cm	18-20cm	23-25cm	20-22cm	25-27cm

CIRCUMFERENCE

LEFT RIGHT

_____ **C1** _____

_____ **C** _____

_____ **B** _____

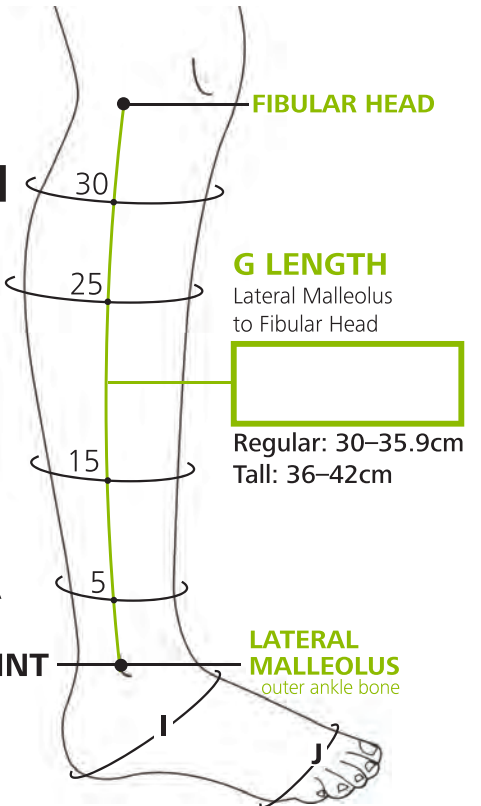
_____ **A** _____

_____ **Ø POINT** _____

_____ **I** _____

_____ **J** _____

_____ **K:** _____



G LENGTH
 Lateral Malleolus to Fibular Head
 Regular: 30-35.9cm
 Tall: 36-42cm

K: Measure **length** on medial side of foot from heel to 1st metatarsal head