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To Order Online: orders@absolutemedical.com
Our website: absolutemedical.com

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

COMPRESHORT CUSTOM

PRODUCT INFORMATION

Size

☐ CUSTOM

Custom Waist Measurement

Custom Hip Measurement

Custom Midthigh Measurement

CUSTOM SIZE

Excellent choice for patients with lipedema, or who are outside of standard size ranges.

STEP ONE

Record the **WAIST**, **HIP**, and **MIDTHIGH** measurements

STEP TWO

Measure from the groin down and indicate the garment inseam length, record in the corresponding box

STEP THREE

Mark the end of the inseam and take a circumference measurement at that point, record in the corresponding box

