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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

