



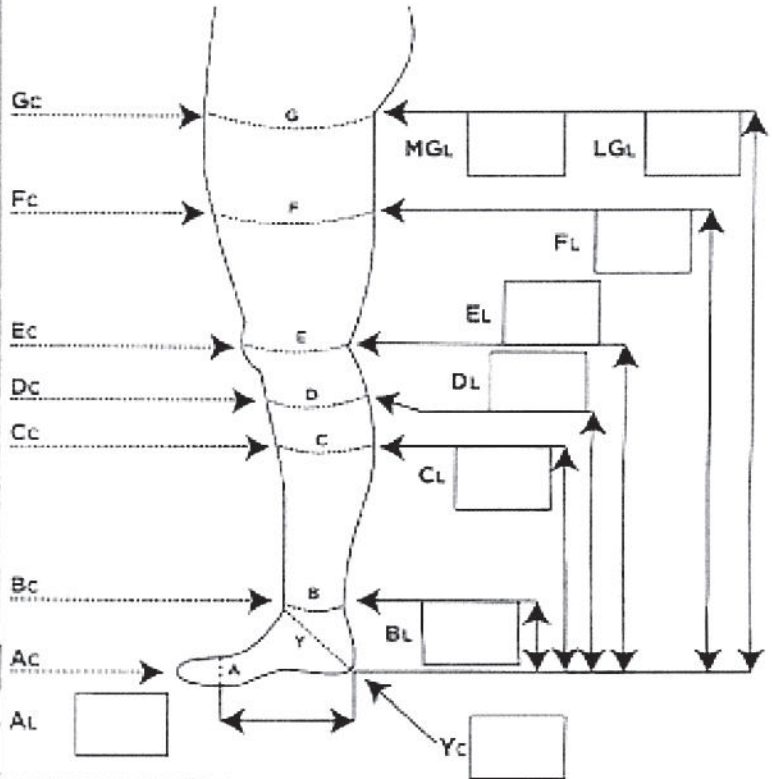
CUSTOM LOWER EXTREMITY SIZING FORM

Please Measure in Centimeters

Patient Last Name: _____
 Patient First Name: _____
 Fitter Last Name: _____
 Fitter First Name: _____
 Fitter Title: _____ (example PT/OT/PTA)
 Date: _____

C = CIRCUMFERENCE

L = LENGTH



		<input type="checkbox"/> LEFT	<input type="checkbox"/> RIGHT
Item Code	Item Description	Black Qty.	Beige Qty.
ReadyWrap Custom Garments			
RW-LE-EG-C	Custom Thigh		
RW-LE-DE-C	Custom Knee		
RW-LE-BD-C	Custom Calf		
RW-LE-AB-C	Custom Foot		
RW-LE-AA-C	Custom Toe*		
Solaris Silver Liners (standard size only)			
LN-LE-AD	Short		
LN-LE-AG	Long		

For Solaris Internal Usage:

Comments: _____

