



Date _____

Name (Patient) _____ Age _____

Contact Name _____

Contact Phone _____ Contact Email _____

ALL MEASUREMENT FIELDS ARE REQUIRED

Measurement Key

Length =

Circumference =

Instructions

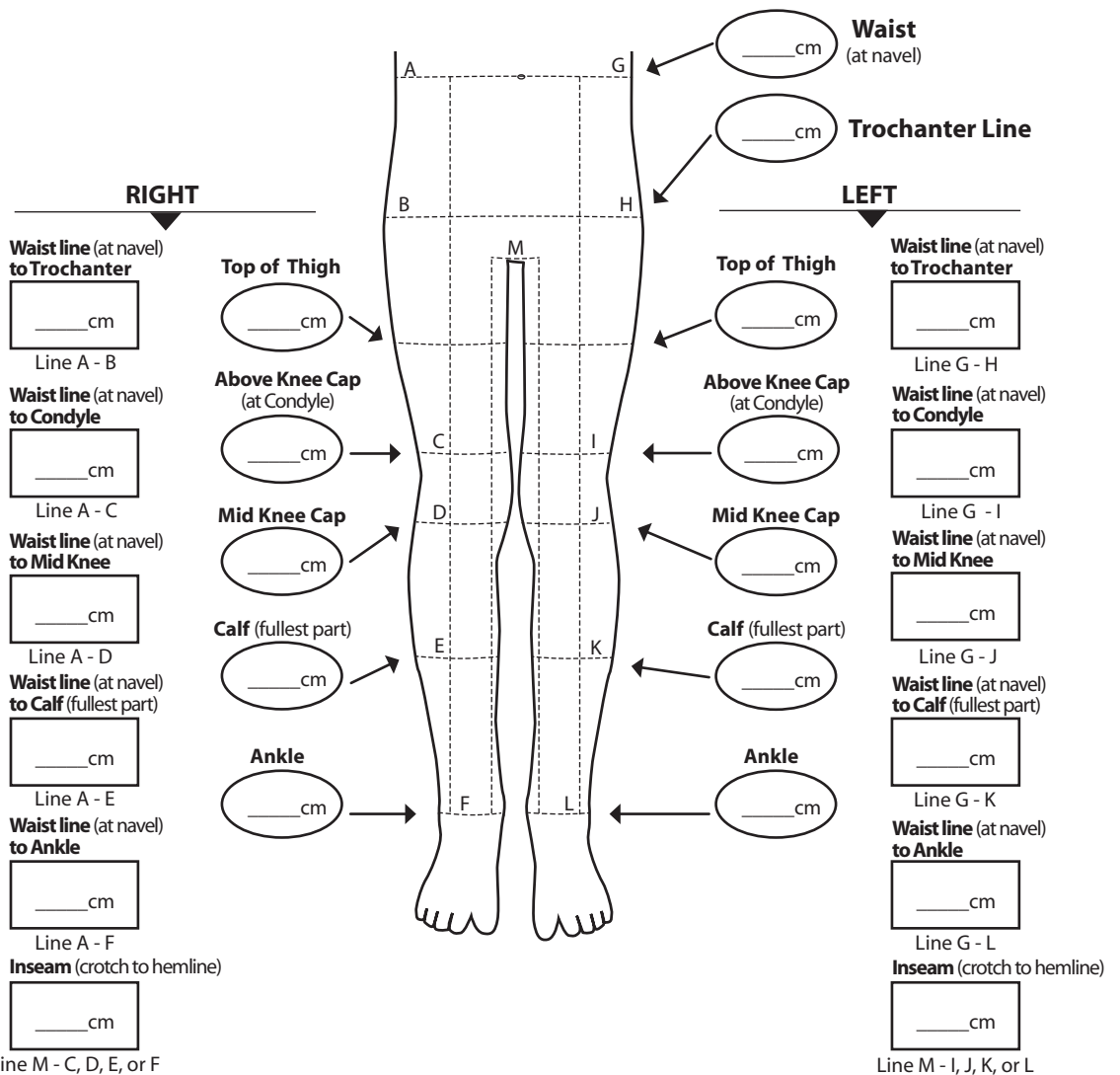
- Measure patient standing up.
- Measurements should be in centimeters.
- Measure knee circumference at 15 degrees flexion.**
- Measure both legs.
- Measure over diaper or underwear.
- All measurements must be provided.
- Measure on top of torso, not the side.

Diaper

YES NO

If yes, measure back waist to gluteal fold _____ cm

Quantity



Line M - C, D, E, or F

Line M - I, J, K, or L

Options

Additional Comments

Hem	CONDYLE	MID KNEE	CALF	ANKLE	Additional Comments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	