

PO#: _____ Company: _____ Date: _____

Contact Name: _____ Phone: _____

Bill-To Address: _____

Ship-To Address: _____

Patient: _____ Sex: _____ Age: _____ Ht: _____ Wt: _____

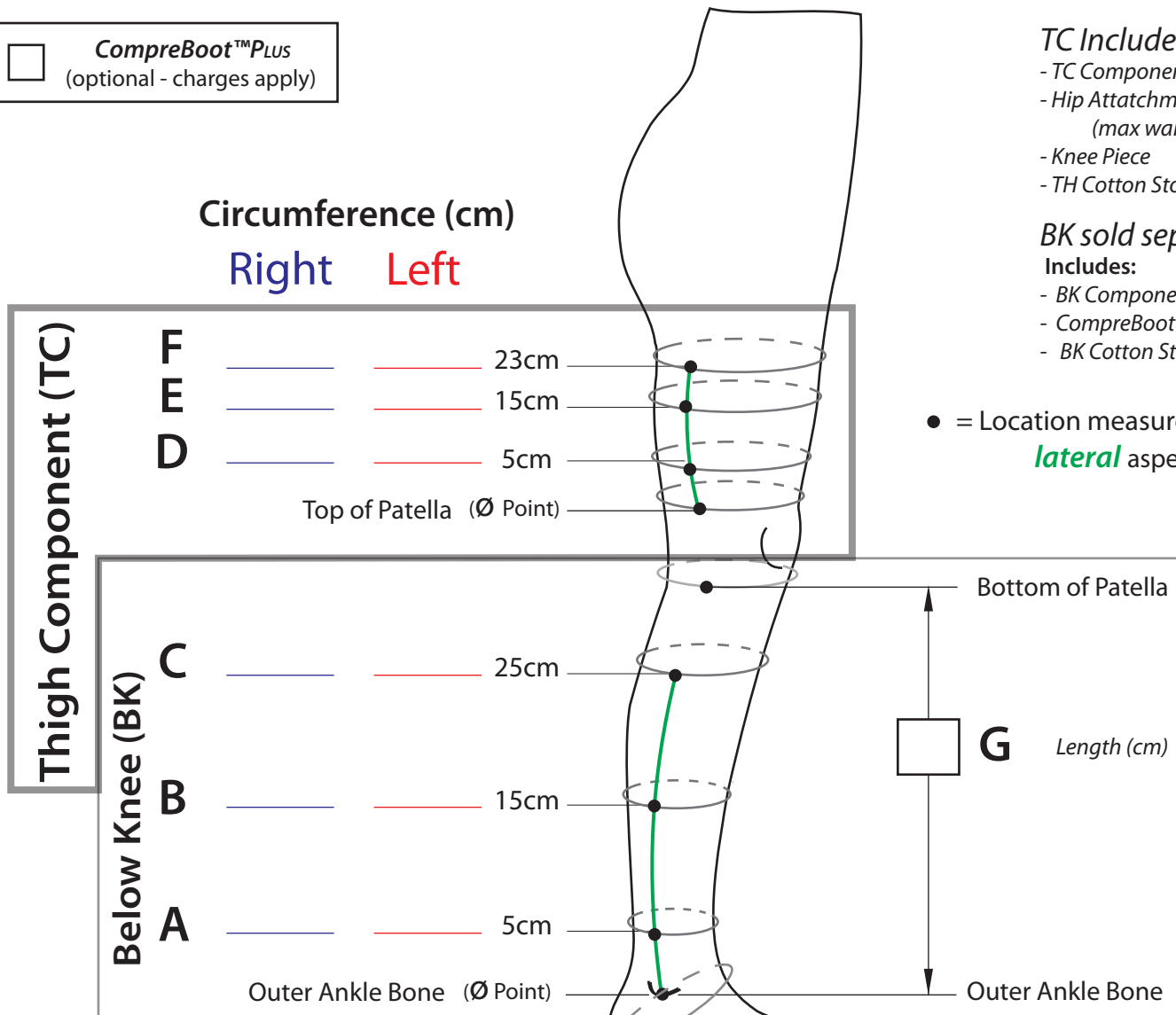
Garment (check one): Thigh Component (TC) Below Knee (BK) Both (TC & BK) CompreBoot (only)

CompreBoot™ Plus
(optional - charges apply)

TC Includes:
 - TC Component
 - Hip Attachment
 (max waist = 177cm)
 - Knee Piece
 - TH Cotton Stockinette

BK sold separately Includes:
 - BK Component
 - CompreBoot
 - BK Cotton Stockinette

● = Location measured along **lateral** aspect



I Circumference of Ankle Bend and Heel
J Circumference at 1st Metatarsal Head
K 1st Metatarsal Head to Heel (or desired length)

Foot Measurements
 CompreBoot™ Included w/BK

_____ I
 _____ J
 _____ K

BiaCare Medical 140 W. Washington Suite 100 Zeeland, MI 49464
 ph: 616.931.0876 fx: 616.931.0052 toll free: 866.931.0876
 email: sales@biacare.com

www.BiaCare.com