



MedaBoot™/CompreBoot™/FoamFoot™  
Measuring Form

PO#: \_\_\_\_\_ Company: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Bill-To Address: \_\_\_\_\_

Ship-To Address: \_\_\_\_\_

Patient: \_\_\_\_\_ Sex: \_\_\_\_ Age: \_\_\_\_ Ht: \_\_\_\_\_

Product (check one):       MedaBoot™       CompreBoot™       FoamFoot™

Foot (check one):       Right       Left

Length

A \_\_\_\_\_

B \_\_\_\_\_

Circumference

C \_\_\_\_\_

D \_\_\_\_\_

E \_\_\_\_\_

