

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

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

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

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

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

Foam (check one):  Regular  Advanced (WaveFoam™)

Leg (check one):  Left  Right

Follow contour of limb  
on all measurements

● = Location measured along  
*lateral* aspect

Circumference

Lateral Length \_\_\_\_\_ A<sub>1</sub>

Medial Length \_\_\_\_\_ B<sub>1</sub>

Posterior Length \_\_\_\_\_ C<sub>1</sub>

Anterior Length \_\_\_\_\_ D<sub>1</sub>

Knee Space \_\_\_\_\_ E

Lateral Length \_\_\_\_\_ A<sub>2</sub>

Medial Length \_\_\_\_\_ B<sub>2</sub>

Posterior Length \_\_\_\_\_ C<sub>2</sub>

Anterior Length \_\_\_\_\_ D<sub>2</sub>

Foot Measurements

\_\_\_\_\_ F

\_\_\_\_\_ G

\_\_\_\_\_ H

\_\_\_\_\_ I

Gluteal Fold \_\_\_\_\_

A<sub>1</sub>

35 cm

30 cm

25 cm

20 cm

15 cm

10 cm

5 cm

Ø Point

Top of Patella \_\_\_\_\_

Mid Patella \_\_\_\_\_

Bottom of Patella \_\_\_\_\_

Ø Point

5 cm

10 cm

15 cm

20 cm

25 cm

30 cm

35 cm

40 cm

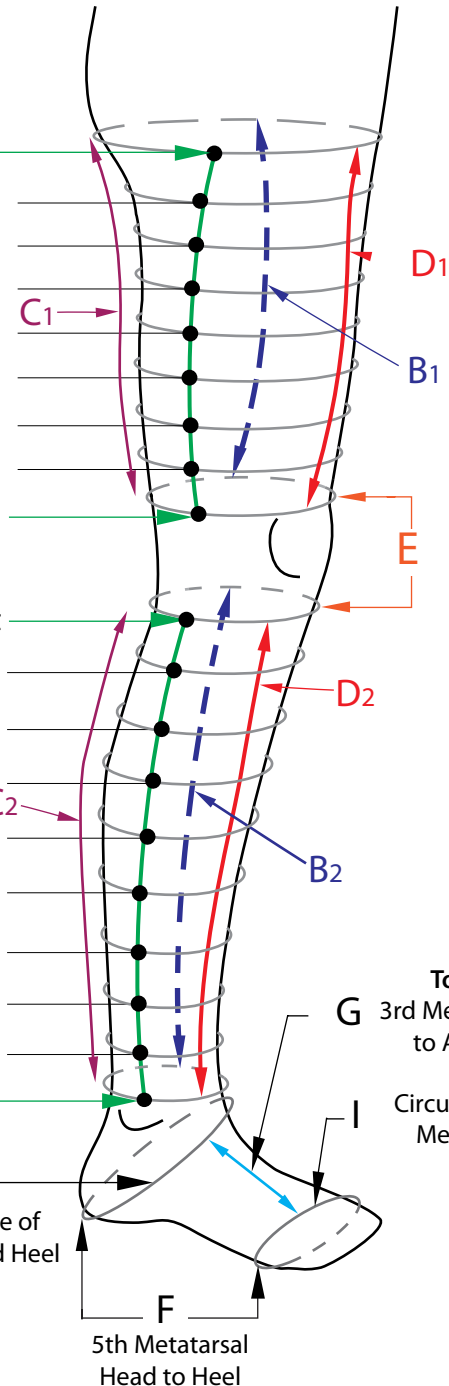
(If req'd)

Ankle Bend \_\_\_\_\_

A<sub>2</sub>

Circumference of  
Ankle Bend and Heel

5th Metatarsal  
Head to Heel



Top of foot:  
3rd Metatarsal Head  
to Ankle Bend

Circumference across  
Metatarsal Heads