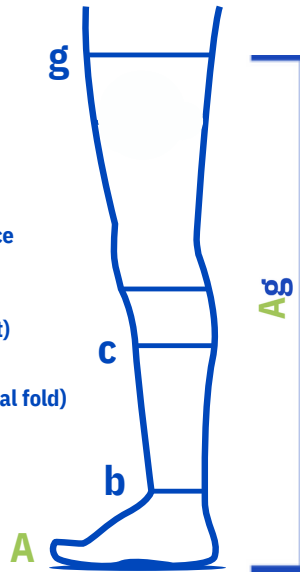


MEASUREMENT DATA (cm)
Required

- gg** _____ Thigh Circumference (at the widest point)
- C** _____ Mid Calf Circumference (at the widest point)
- b** _____ Ankle Circumference (at the narrowest point)
- Agg** _____ Floor-to-thigh height (measured at the gluteal fold)

Universal Left / Right

PATIENT DETAILS

Patient Name _____

Medical Card No. _____

Patient Address _____

Eircode _____

Telephone _____

Email _____

Delivery Address (if different) _____

Eircode _____

E-mail _____

Telephone _____

MEASURE CIRCUMFERENCE AND SELECT SIZE:

Measurements (cm)	b (ankle)	c (calf)	d (below knee)
SIZE 1	16 - 24	24 - 35	46 - 57
SIZE 2	20 - 28	32 - 43	53 - 65
SIZE 3	24 - 32	40 - 51	61 - 72
SIZE 4	28 - 36	48 - 59	68 - 80

 Height measurement = **Ag**
MEASURE HEIGHT AND SELECT LENGTH:

Measurements (cm)	SHORT 67 - 72 cm	NORMAL 72 - 77 cm	LONG 77 - 82 cm	EXTRA LONG 82 - 87 cm
Size 1	37350120100231	37350120100232	37350120100233	37350120100234
Size 2	37350120200231	37350120200232	37350120200233	37350120200234
Size 3	37350120300231	37350120300232	37350120300233	37350120300234
Size 4	37350120400231	37350120400232	37350120400233	37350120400234

PRESCRIBER DETAILS

Prescribed by _____ Position _____

Clinic / Hospital _____ Tel _____

Date measured _____ Email _____

ORDER DETAILS

Item Code

Quantity Required

Clinician Signature

