



Patient Name:	Contact Name:		
Account Name:	Account #:	Length Suprasternal Notch	L
Account Phone #:	P.O. #:	to Waist	
Height:	Weight:		
Ship Name & Address:	Date:		
Product Information			
Product includes one Chipvest Custom.			
Custom Chipvest Item #: 2239-VS			
□ Full (Bilateral)			
□ Right Side (unilateral)			
Left Side (unilateral)			

## **Measuring Instructions**

#### **Step One:**

Measure the length in centimeters from the suprasternal notch to the waist.

#### Step Two:

Measure circumferences in centimeters.

# **Custom Size Measurments** Length Centimeters L Circumference Centimeters Axilla Largest Chest **Xyphoid** Process Waist Mid-Hip

Important

Exact measurements are critical for this garment to ensure a proper fit. If you'd like to learn more about measuring and fitting, attend our MCE Basic Fitter Training. To sign up, visit sigvariseducation.com or contact your local territory manager for more information.

Alternatively, call Customer Care Solution Center at 800-322-7744, or e-mail us\_orders@sigvaris.com, to receive a remote consultation/training.

Supplies	s Needed
• Cell phone with camera. photos of the torso with measurement markings	• SIGVARIS GROUP Measuring tape ai pen (or eyeliner pe
must be emailed to:	• Signed Custom O

### us\_orders@sigvaris.com

- Measuring instructions and forms.
- nd body encil).
- rder Terms & Conditions Form (include with order).

A PDF of this order form can be found online at: sigvaris.group/mceforms or scan here:





Caution: Drawstring contains natural rubber latex.