

Patient Name:	Contact Name:
Account Name:	Account #:
Account Phone #:	P.O. #:
Height:	Weight:
Ship Name & Address:	Date:

Circumference

Left Right

I _____

J _____

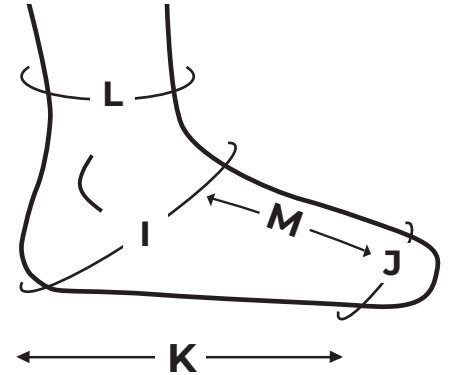
L _____

Length

Left Right

K _____

M _____



K: Measure **medial** length from heel to 1st metatarsal head

Product Information

Product includes one Medaboot.

<input type="checkbox"/> Right Foot	Color: Black	Quantity:
<input type="checkbox"/> Left Foot	Color: Black	Quantity:

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 Needed

- Cell phone with camera. photos of the foot with measurement markings must be emailed to: **us_orders@sigvaris.com**
- Measuring instructions and forms.
- SIGVARIS GROUP Measuring tape and body pen (or eyeliner pencil).
- Signed Custom Order Terms & Conditions Form (include with order).

MEASURING INSTRUCTIONS

All measurements should be recorded in centimeters. Apply slight tension to hold the tape measure in place.

MEASURE FOOT

1. Measure foot medially from heel to 1st metatarsal head (or desired boot length) and record length on line K.
2. Measure top of foot from the 3rd metatarsal head to ankle bend and record length on line M.
3. Encircle the ankle bend and heel with a tape measure and record the circumference on line I.
4. Encircle the foot across the metatarsal heads and record the circumference on line J.
5. Measure the ankle circumference and record on line L.



Insurance Covered
COMPRESSION
THERAPY

Phone 309-664-7930 • Fax 309-664-7931
Email orders@medsourceorders.com

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

