Custom Legging Sizing Form

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Call: (571)232-3179
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CIRCAID® medi

Customer Name _____ Customer No. _____ Purchase Order No. _____ Fax _____

Billing Address _____ Patient Name _____

Shipping Address _____ Order Date _____ Measured By _____

Telephone _____ Email _____ Shipping Method _____

Credit Card Info _____

Lower Extremity	Left	Quantity	Right	Quantity
juxtafit™ premium				
☐ Lower Leg	☐		☐	
☐ Lower Leg with knee	☐		☐	
☐ Knee piece	☐		☐	
☐ Upper Leg ☐ No lateral rise	☐		☐	
☐ Upper Leg with knee ☐ No lateral rise	☐		☐	
☐ Whole Leg ☐ No lateral rise	☐		☐	
graduate™ Foam liner color options: Interior: ☐ beige (default) ☐ red ☐ turquoise Exterior: ☐ black (default) ☐ beige ☐ red ☐ turquoise				
☐ Lower Leg	☐		☐	
☐ Whole Leg	☐		☐	
☐ Boot Only	☐		☐	
classicflex™				
☐ Lower Leg	☐		☐	

Foot Options

Standard foot options
- ☐ power added compression band™ (default)
- ☐ single band ankle foot wrap™
- ☐ juxtafit™ premium interlocking ankle foot wrap
- ☐ juxtafit™ premium ankle foot wrap

Made-to-measure foot option
- ☐ juxtafit™ premium ankle foot wrap ☐ attached ☐ separate

graduate foot option
- ☐ boot attached (default)
- ☐ boot separate
- ☐ no boot

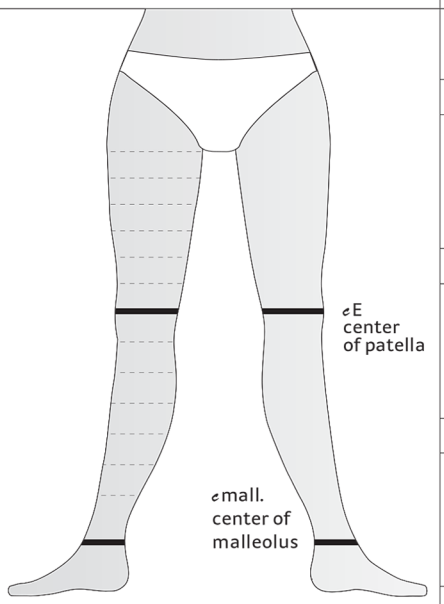
Cover up color
- ☐ black (default)
- ☐ beige

Notes:

Please take measurements without tension!

Leg measurement
Circumferences

Left in cm		Right in cm
	85	
	80	
	75	
	70	
	65	
	60	
	55	
	50	
	45	
	40	
	35	
	30	
	25	
	20	
	15	
	10	
	05	
	℮E	
	℮mall.	

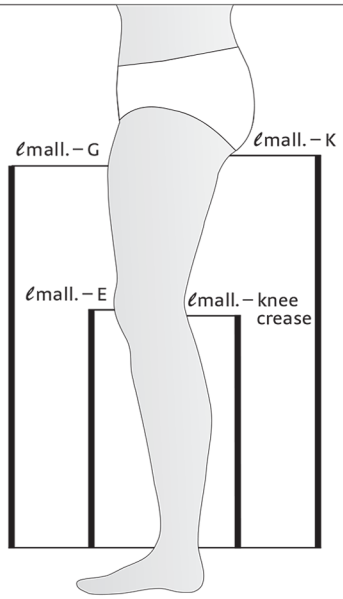


Measurements must be every 5cm from the starting point center of malleolus.

Leg measurement
Lengths

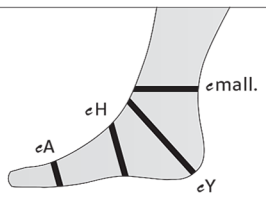
Left in cm Right in cm

	ℓmall. – K	
	ℓmall. – G	
	ℓmall. – E	
	ℓmall. – knee crease	



Foot measurement
Circumferences

Left in cm		Right in cm
	℮mall.	
	℮Y	
	℮H	
	℮A	

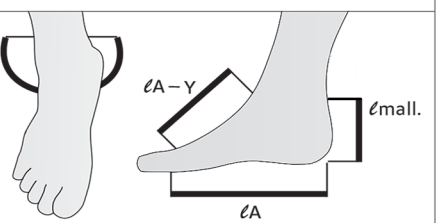


Foot measurement
Lengths

Left in cm Right in cm

	ℓP_2	
	ℓmall.	
	ℓA – Y	
	ℓA	

ℓP_2: Length from malleolus to malleolus.



circaid® inelastic compression garments

P0175RevA