BiaCare
Listen. Imagine. Deliver.

LegAssist™ - LCS Custom Measuring Form

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):** ☐ **Right** ☐ **Left**

☐ ***Hip Attatchment***
(optional - charges apply) (Measurements F & G required)

Waist **G** _____
Waist at bottom of belt

Follow contour of limb on all measurements
(All measurments in cm)

Lateral Length _____ **A1**

Medial Length _____ **B1**

Posterior Length _____ **C1**

Anterior Length _____ **D1**

● = Locations measured along ***lateral*** aspect

Circumference*

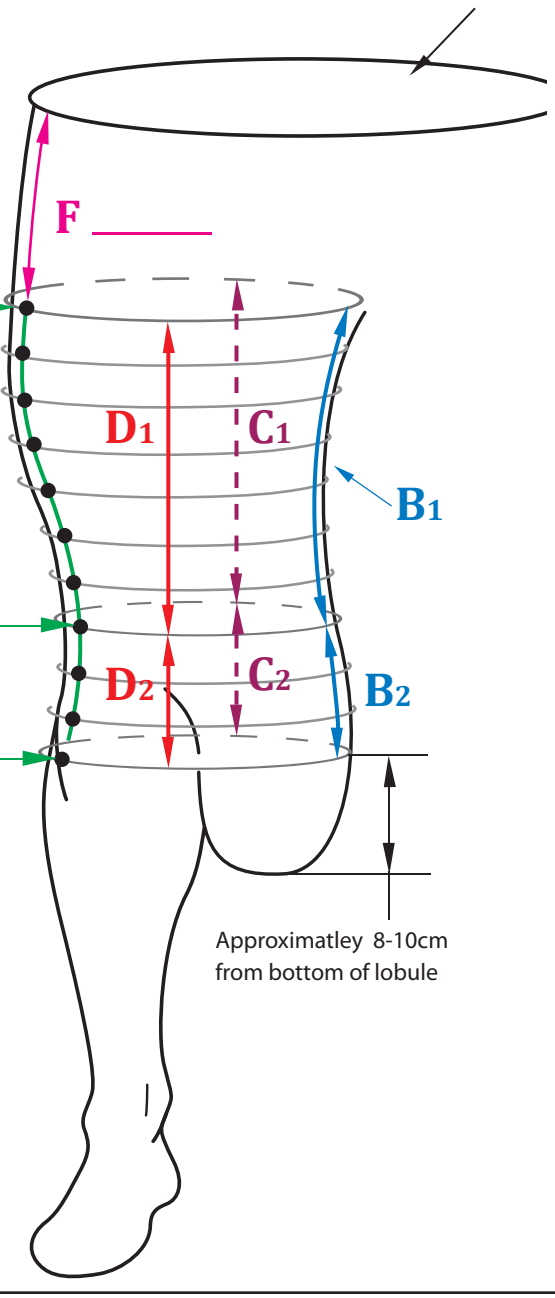
Gluteal Fold	_____	**A1**
	_____	30 cm
	_____	25 cm
	_____	20 cm
	_____	15 cm
	_____	10 cm
	_____	5 cm
Pick a zero point*	_____	Ø Point
	_____	5 cm
	_____	10 cm
Bottom of Garment*	_____	**A2**

*See instructions

Lateral Length _____ **A2**

Medial Length _____ **B2**

Posterior Length _____ **C2**

Anterior Length _____ **D2**

Note: order a LCS Super
if greatest circumference is > 90 cm