

LegAssist™ - BK Custom Measuring Form

PO#: _____ Company: _____ Date: _____

Contact Name: _____ Phone: _____

Bill-To Address: _____

Ship-To Address: _____

Patient: _____ Sex: _____ Age: _____ Ht: _____ Wt: _____

Shoe Size: _____

Foam (check one): Regular Advanced (WaveFoam™)

Arm (check one): Right Left

MedaBoot™ (optional charges apply)

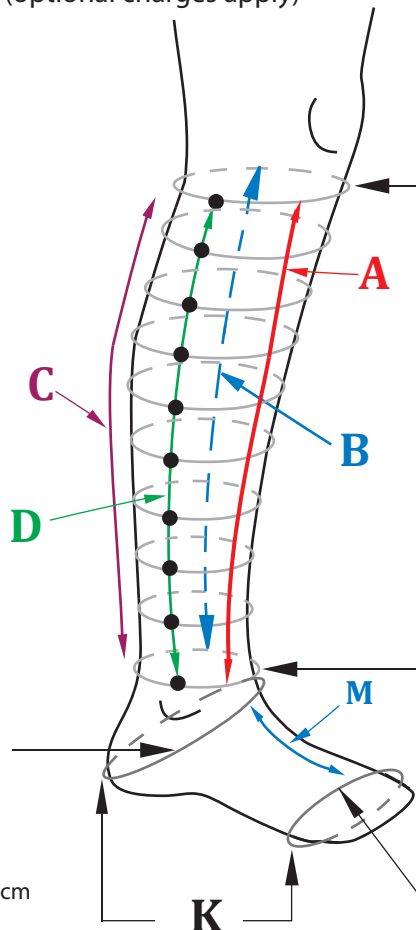
Follow contour of limb on all measurements

Anterior Length _____ **A**

Medial Length _____ **B**

Posterior Length _____ **C**

Lateral Length _____ **D**



● = Locations measured along *lateral* aspect of leg

Circumference*

- _____ cm _____ Bottom of Patella
- 40 cm _____ (If req'd)
- 35 cm _____
- 30 cm _____
- 25 cm _____
- 20 cm _____
- 15 cm _____
- 10 cm _____
- 5 cm _____
- ∅ Point _____

I Circumference of Ankle Bend and Heel

M Top of foot 3rd Metatarsal Head to Ankle Bend

* Note: order a BK Super if greatest circumference is > 60 cm

K 1st Metatarsal Head to Heel (or desired boot length)

J Circumference across Metatarsal Heads

Foot Measurements

CompreBoot™ Plus Included
MedaBoot™ optional

- _____ **I**
- _____ **J**
- _____ **K**
- _____ **M**