

**REIDSLEEVE® CLASSIC** MEASURING CHART – ASYMMETRICAL LEG

*(For Asymmetrical Lipomas please request separate Lipoma specific form)*

**Patient Name** (please print) \_\_\_\_\_

**Circle one:** Inches or Centimeters    **Circle one:** Left or Right

**Desired length:** (Check one and provide length)     ½ Leg \_\_\_\_\_     ¾ Leg \_\_\_\_\_     Full Leg \_\_\_\_\_

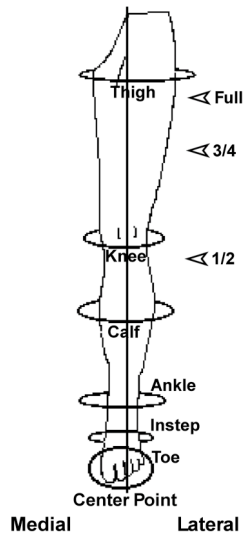
**INSTRUCTIONS FOR MEASUREMENT OF THE LEG – MEDIAL/LATERAL**

- 1) Measure the total circumferences. When measuring pull the tape snug, but not tight.
- 2) Measuring from center front line to center back line take medial and lateral measurements. The sum should equal the total circumferences.

**Asymmetrical Affected Leg (Medial/Lateral)**

**Circumferences**

	<u>Total</u>	<u>Medial</u>	<u>Lateral</u>
Thigh	_____	_____	_____
Knee	_____	_____	_____
Calf	_____	_____	_____
Ankle	_____	_____	_____



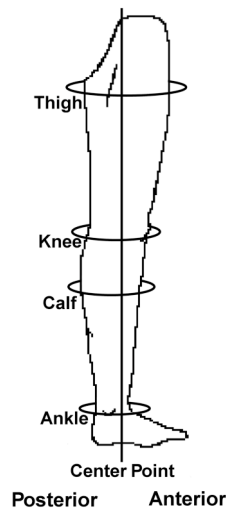
**INSTRUCTIONS FOR MEASUREMENT OF THE LEG – ANTERIOR/POSTERIOR**

- 1) Measure the total circumferences. When measuring pull the tape snug, but not tight.
- 2) Measure using the center point line from a medial aspect taking anterior and posterior measurements. The sum should equal the total circumferences.

**Asymmetrical Affected Leg (Anterior/Posterior)**

**Circumferences**

	<u>Total</u>	<u>Anterior</u>	<u>Posterior</u>
Thigh	_____	_____	_____
Knee	_____	_____	_____
Calf	_____	_____	_____
Ankle	_____	_____	_____



**I understand that this is a custom made garment and the garment will be made to the measurements specified above. Peninsula Medical is not responsible for measuring errors. Should the garment need to be sent back in for alterations due to measurement errors, the fee for alterations are the responsibility of the undersigned.**

Signature (guarantor of measurements) \_\_\_\_\_

Date \_\_\_\_\_

**Phone: 800-288-1801**

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