

**REIDSLEEVE® CLASSIC** MEASURING CHART – LEG (LIPOMA SPECIFIC)

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

**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

**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 – ASYMMETRICAL LIPOMAS**

- 1) If any lipoma is effected by gravity when the patient is standing take measurements with patient laying down.
- 2) Measure the total circumferences for each location. When measuring pull the tape snug, but not tight.
- 3) Measuring center front line to center back line take medial and lateral measurements and/or using the center line from a medial aspect take anterior and posterior measurements. The sum should equal the total circumference.
- 4) Measure the distance from the heel to the circumference location.
- 5) Measure the length of each lipoma.
- 6) Measure the the distance from the heel to each lipoma.
- 7) Feel free to illustrate the measurment locations and/or the lipomas on the leg diagrams provided below.

**Asymmetrical Affected Leg**

**Circumferences**

	<u>Total</u>	<u>Medial</u>	<u>Lateral</u>	<u>Anterior</u>	<u>Posterior</u>	<u>Distance from Heel</u>
Location 1	_____	_____	_____	_____	_____	_____
Location 2	_____	_____	_____	_____	_____	_____
Location 3	_____	_____	_____	_____	_____	_____
Location 4	_____	_____	_____	_____	_____	_____
Location 5	_____	_____	_____	_____	_____	_____
Location 6	_____	_____	_____	_____	_____	_____
Location 7	_____	_____	_____	_____	_____	_____
Location 8	_____	_____	_____	_____	_____	_____
Location 9	_____	_____	_____	_____	_____	_____

	<u>Length of Lipoma</u>	<u>Heel to Lipoma</u>
Lipoma 1	_____	_____
Lipoma 2	_____	_____
Lipoma 3	_____	_____
Lipoma 4	_____	_____
Lipoma 5	_____	_____

