PENINSULA MEDICAL, INC. **LymphaCare – Authorized Dealer**

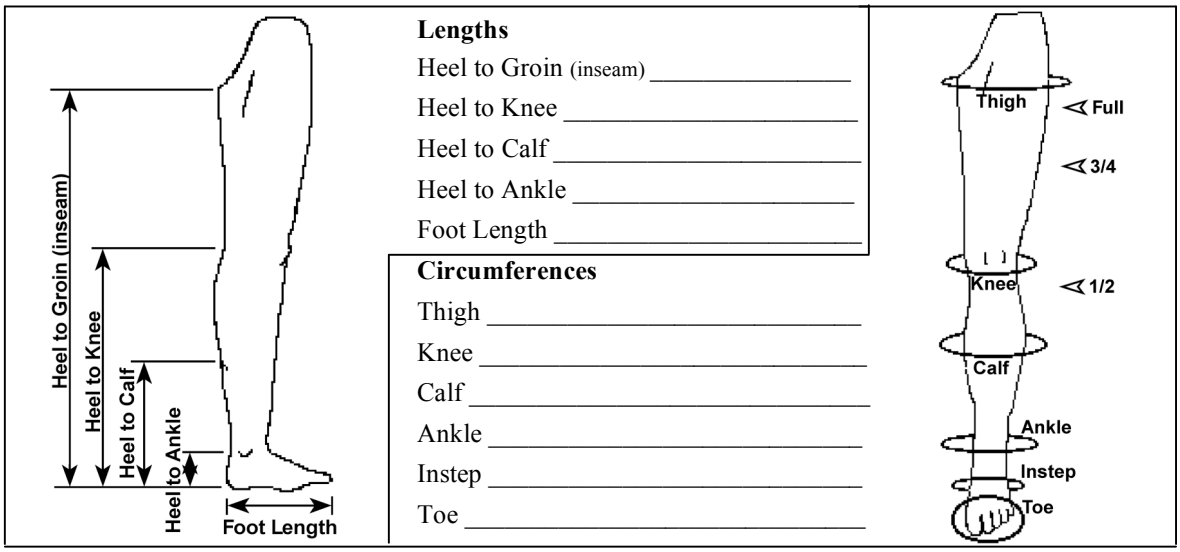
THE CONTOUR MEASURING CHART - LEG

INSTRUCTIONS FOR MEASUREMENT OF THE LEG

1) Indicate ½, ¾, or Full leg and measure the length required. ½ leg measures from base of knee to heel.. ¾ leg indicate desired length as well as knee to heel. Full leg measures heel to groin. . All length measurements should be taken from the medial aspect.
2) Measure the length at the floor from the heel to groin, heel to knee, heel to calf, heel to ankle, and the foot length.
3) Measure the maximum circumferences of the thigh, knee, calf, ankle, instep and toe. Instep is around the arch. DO NOT include the heel. Make sure all toes are included in the circumference measurement. (pull the tape snug, but not tight)
4) Measurements may be in inches or centimeters, but be consistent.

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

Desired length: (Check one and provide length) ☐ ½ Leg _____ ☐ ¾ Leg _____ ☐ Full Leg _____



Lengths

Heel to Groin (inseam) _____
Heel to Knee _____
Heel to Calf _____
Heel to Ankle _____
Foot Length _____

Circumferences

Thigh _____
Knee _____
Calf _____
Ankle _____
Instep _____
Toe _____

Patient Information: Height _____ Weight _____ Shoe Size _____

PowerSleeve Quantity _____ **If ordering PowerSleeve ONLY check here** ☐

Distributor's Name LymphaCare **PO#** _____

I authorize release of my name to Peninsula Medical Inc. for identification purposes related to the manufacturing of my custom garment.

_____ _____ _____
Patient Name (please print) Signature Date

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

*Material colors are subject to change without notice

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www.lymphacare.com

For Peninsula Medical Use Only: Finished goods inspected for quality compliance to above specifications by_____date_____.