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

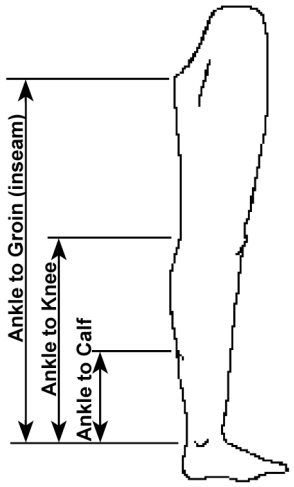
THE CINCH® MEASURING CHART-LEG

INSTRUCTIONS FOR MEASUREMENT OF THE LEG

1) Indicate ½, ¾ or Full leg and measure the length required, ½ leg measure from knee to ankle, ¾ leg indicate desired length as well as mid knee to ankle. Full leg measures ankle to groin. All length measurements should be taken from the medial aspect.
2) Measure the length of the leg from the ankle to the groin, ankle to knee and ankle to calf.
3) Measure the maximum circumferences of the thigh, knee, calf, and ankle. 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

Ankle to Groin (inseam) _____

Ankle to Knee _____

Ankle to Calf _____

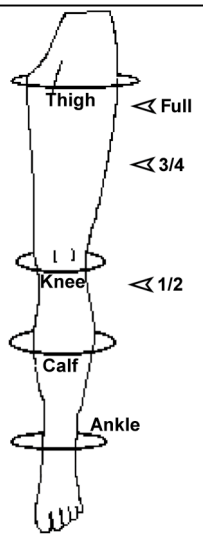
Circumferences

Thigh _____

Knee _____

Calf _____

Ankle _____



Patient Information: Height _____ Weight _____

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

Gauge to be sent with this order: *Yes* or *No* (circle one)

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

LymphaCare. 459 Columbus Ave. Suite 129, New York, NY 10024

Phone: 800-288-1801 **Fax: 212-937-3162**

www.lymphacare.com

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