sigvaris

Patient Name: _____ Contact Name: _____

Account Name: _____ Account #: _____

Account Phone #: _____ P.O. #: _____

Ship Name & Address: _____ Date: _____

Product Information

Product includes one custom Chipflow Full leg, one Compreboot® Standard Foot wrap, one Chip Foam Liner, and one pair of non-compressive Cotton Liners.

☐ Right Leg   Color: Black   Quantity:

☐ Right Foot   Color: Black   Quantity:

☐ Left Leg   Color: Black   Quantity:

☐ Left Foot   Color: Black   Quantity:

Important

Exact measurements are critical for this garment to ensure a proper fit. If you'd like to learn more about measuring and fitting, attend our MCE Basic Fitter Training. To sign up, visit **sigvariseducation.com** or contact your local territory manager for more information.
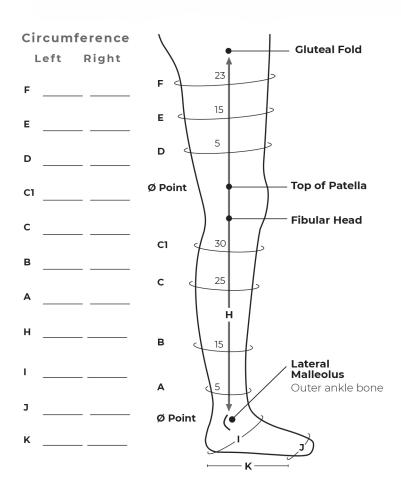
Alternatively, call Customer Care Solution Center at **800-322-7744**, or e-mail **us_orders@sigvaris.com**, to receive a remote consultation/training.

Supplies Needed

· Measuring instructions and forms.

· SIGVARIS GROUP Measuring tape and body pen (or eyeliner pencil).

A PDF of this order form can be found online at: **sigvaris.group/mceforms** or scan here:

Circumference

	Left	Right
F	_____	_____
E	_____	_____
D	_____	_____
C1	_____	_____
C	_____	_____
B	_____	_____
A	_____	_____
H	_____	_____
I	_____	_____
J	_____	_____
K	_____	_____

K: Measure **medial** length from heel to 1st metatarsal head

Chipflow Full Leg Size Chart (A–C1)
(Available in Black Only)

Note: Product contains Measurement Limitations with Min & Max sizing for ankle, calf, and thigh

	Min	Max
F	48cm	90cm
E	43cm	84cm
D	38cm	81cm
C1	31cm	69cm
C	31cm	69cm
B	26cm	59cm
A	19cm	51cm
Black		
H Length	66cm	91cm
Measurement Disclaimer		
	Max thigh < 2x calf	Max calf < 2x ankle

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