

Patient: Last Name: _____ First Name _____

Fitter: _____ Clinic _____

Fitter Title: _____ (example: PT/OT/PTA)

Date: _____

sigvaris

Chipvest® Custom

Product Information

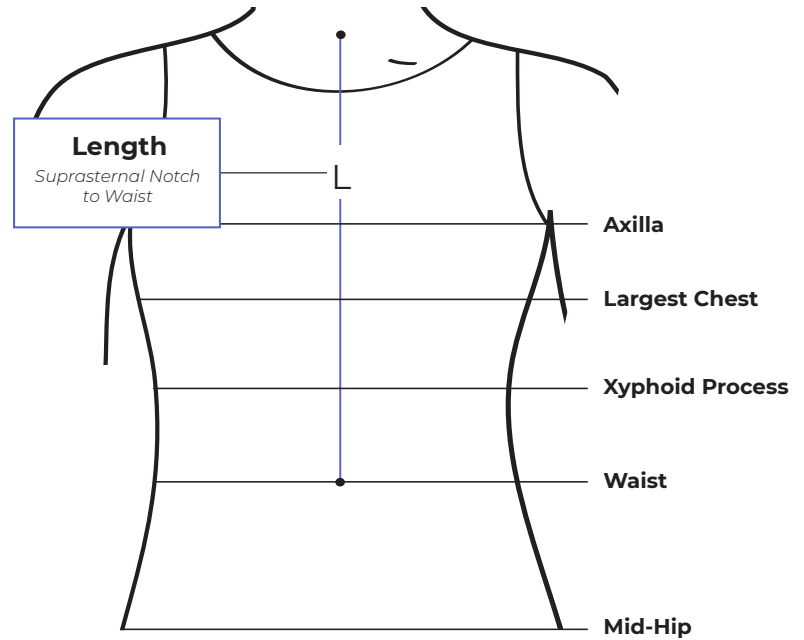
Product includes one Chipvest Custom.

Custom Chipvest Item #: **2239-VS**

Full (Bilateral)

Right Side (unilateral)

Left Side (unilateral)



Measuring Instructions

Step One:

Measure the length in centimeters from the suprasternal notch to the waist.

Step Two:

Measure circumferences in centimeters.

Custom Size Measurements

Length	Centimeters
L	
Circumference	Centimeters
Axilla	
Largest Chest	
Xyphoid Process	
Waist	
Mid-Hip	

Caution: Drawstring contains natural rubber latex.

Important

Measuring for this garment requires special measurements critical to proper fit. Before you begin, attend live training at a SIGVARIS Certified Compression Specialist course near you (info at sigvariseducation.com).

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

- Cell phone with camera. photos of the torso with measurement markings must be e-mailed to: us_orders@sigvaris.com
- Measuring instructions forms.
- SIGVARIS GROUP Measuring tape and body pen (or eyeliner pencil).
- Signed Custom Order Terms & Conditions Form (include with order).