

Patient: Last Name: \_\_\_\_\_ First Name \_\_\_\_\_

Fitter: \_\_\_\_\_ Clinic \_\_\_\_\_

Fitter Title: \_\_\_\_\_ (example: PT/OT/PTA)

Date: \_\_\_\_\_

# sigvaris

Medaboot™

## Product Information

Product includes one Medaboot.

<input type="checkbox"/> Right Foot	Color: Black	Quantity:
<input type="checkbox"/> Left Foot	Color: Black	Quantity:

## 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](http://sigvariseducation.com)).

Alternatively, call Customer Care Solution Center at **800-322-7744**, or e-mail [us\\_orders@sigvaris.com](mailto: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](mailto: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).

## Circumference

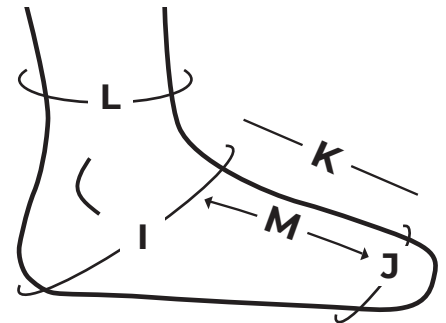
Left Right

I \_\_\_\_\_  
J \_\_\_\_\_  
L \_\_\_\_\_

## Length

Left Right

K \_\_\_\_\_  
M \_\_\_\_\_



## MEASURING INSTRUCTIONS

All measurements should be recorded in centimeters. Apply slight tension to hold the tape measure in place.

## MEASURE FOOT

1. Measure foot medially from heel to 1st metatarsal head (or desired boot length) and record length on line K.
2. Measure top of foot from the 3rd metatarsal head to ankle bend and record length on line M.
3. Encircle the ankle bend and heel with a tape measure and record the circumference on line I.
4. Encircle the foot across the metatarsal heads and record the circumference on line J.
5. Measure the ankle circumference and record on line L.