

DATE

# Dayspring®

MEASUREMENT FORM (1/2)

Patient Information	า	Perso	n Performing	) Measurements	
PATIENT NAME		NAM	E		
PATIENT DATE OF BIR	тн	TITL	E		
AFFECTED LIMB (CIRCLE	ONE) LEFT   RIGHT   BOTH	FAC	ILITY / LOCATIO	DN	
Shipping					
NAME				2 CM	$\uparrow$
COMPANY		DISTAL GLUTEAL			
STREET ADDRESS				FOLD	
CITY					
STATE / PROVINCE					
ZIP / POSTAL CODE	PHONE				B \
EMAIL				CENTER OF	
	(FOR	SHIPPING CON	FIRMATION)	PATELLA	
General Measurem	ents				
	n provided on the right, complete the co ts should be taken in centimeters (cm) to				A
MEASUREMENT (A)	DISTANCE FROM CENTER OF THE LATERAL	LEFT	RIGHT		
	MALLEOLUS TO CENTER OF PATELLA:	cm	cm	CENTER OF THE	
MEASUREMENT (B)	DISTANCE FROM CENTER OF THE LATERAL MALLEOLUS TO 2 CM DISTAL TO THE GLUTEAL FOLD:	cm	cm		
MEASUREMENT ©	CIRCUMFERENCE OF FOOT AT MIDLINE:	cm	cm		MID FOOT
_					

Full Leg Garment	Leg Measurement B	Leg Standard F-0040-01 Leg Long F-0040-02	Between 63cm - 72cm Greater than 72cm	Max circumference at gluteal Fold: 75cm
Half Leg Garment	Leg Measurement B	Lower Leg F-0050-01	One size fits all	Max circumference at patella: 58cm

### Proceed to Page 2.



# Dayspring®

MEASUREMENT FORM (2/2)

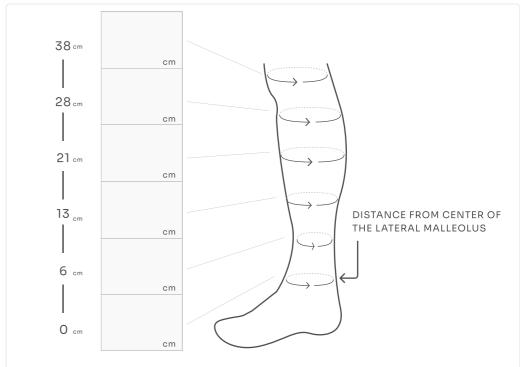
#### **Circumference Measurements**

Complete the corresponding section below.

### Half Leg: Left Leg



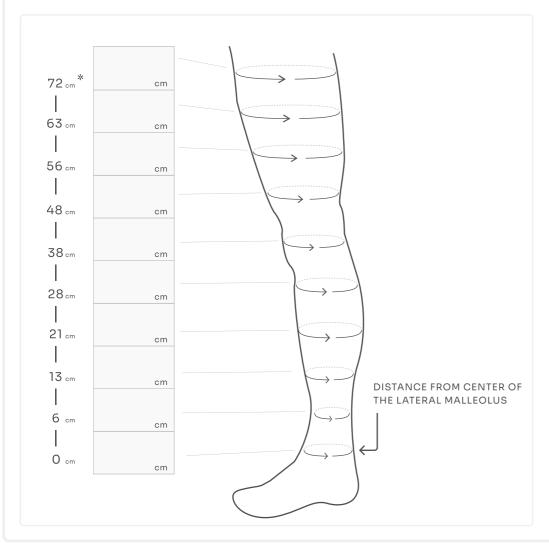
#### **Right Leg**



## Full Leg:

Complete the circumferential measurement at 72 cm only if the patient's lenth (B) is at least 72 cm long, otherwise stop at 63 cm.

#### **Left Leg**



### **Right Leg**

