



Eto

COMPRESSION GARMENTS

Patient Name _____
 Hospital/Clinic _____
 Order No. _____ Telephone _____
 Measured by _____ Date _____

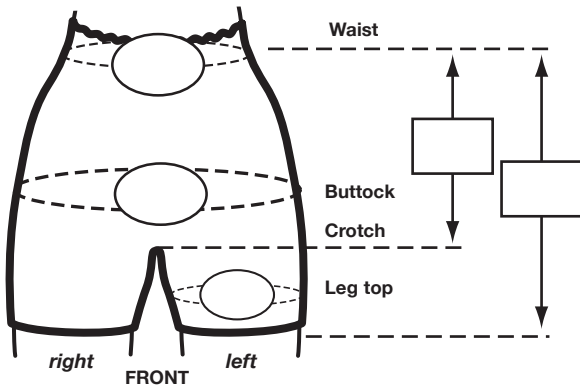
Comments/special requirements:

LOWER TORSO - CUSTOM MADE
 MEASUREMENTS IN CMS. PLEASE USE BLACK INK.

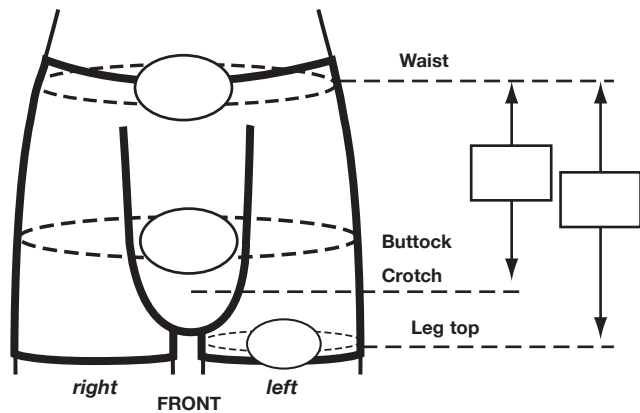
SELECT COLOUR: Beige White Black
 SELECT CLASS: CCL1 CCL2 For CCL3 please call Office
 QUANTITY: _____

GENITAL OEDEMA

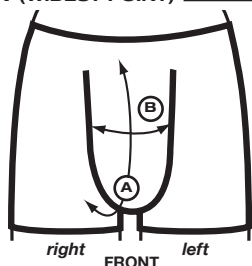
FEMALE MODEL 106



MALE MODEL 96 WITH FLY
 MODEL 99 NO FLY
 (SCROTAL AREA IS COTTON LINED)



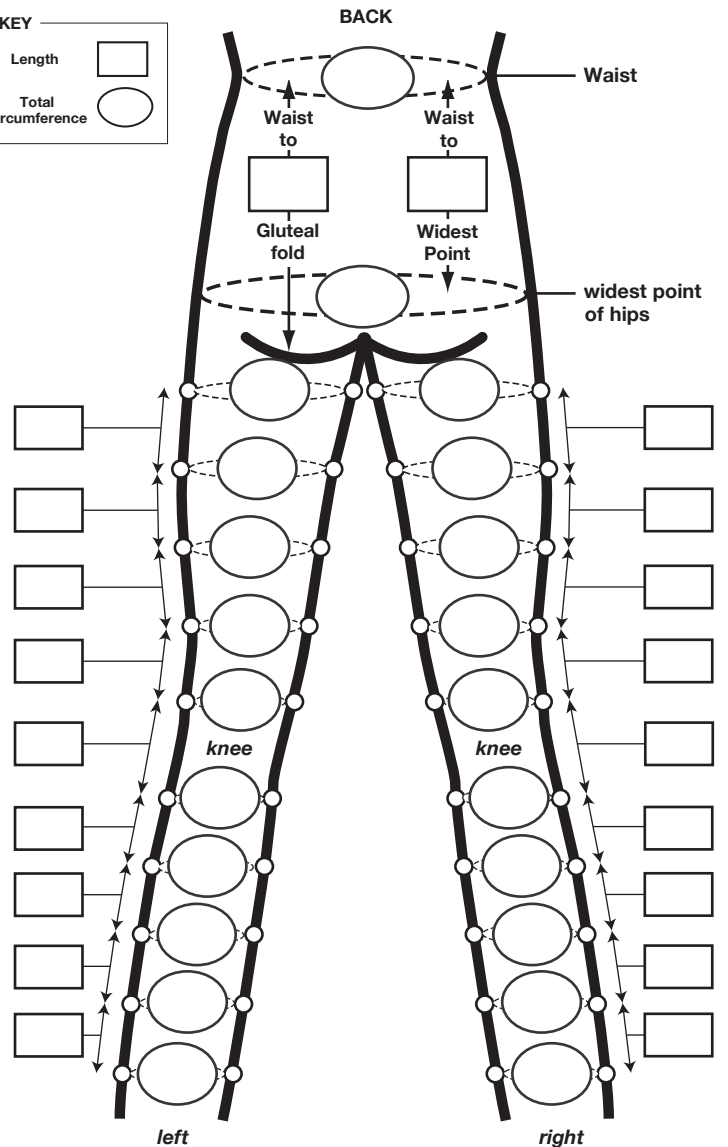
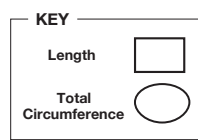
ADDITIONAL MEASUREMENTS FOR POUCH
 (A) LENGTH (WAIST TO PERINEUM) _____ CM
 (B) WIDTH (WIDEST POINT) _____ CM



BESPOKE GENITAL / LOWER LIMB OEDEMA

MODEL NO. _____

PLEASE START MEASURING FROM THE WAIST. NOT THE FLOOR.



OUTSIDE LEG MEASUREMENT _____ CM
 STRAIGHT LENGTH FROM WAIST TO BASE OF GARMENT

INSIDE LEG MEASUREMENT _____ CM
 STRAIGHT LENGTH FROM CROTCH TO BASE OF GARMENT