Custom Seamed Lower Extremity Measurement Form

Date _____ Patient's Name or File # _____

Prescribed Pressure, mmHg _____

Severity ☐ Mild ☐ Moderate ☐ Severe

CAT. NO.	STYLES		QTY. LEFT	QTY. RIGHT	QTY. OTHER
100105	Anklet				
100101	Knee Length				
100201	Thigh Length				
101101	Waist Height / Two Legs / Closed Pubis				
101102	Waist Height / Two Legs / Open Pubis				
101103	Waist Height / One Leg / Open Pubis				
101104	Maternity, _____month of Pregnancy				
101112	Waist Height / One Leg Panty, Open Pubis	INDICATE THE FULL LEG			
101113	Waist Height / One Leg Panty, Closed Pubis				
100035	Chap Style / One Leg				
100036	Chap Style / Two Legs				
	Colors				
100150	Beige				
100158	Black				
	REINFORCEMENT/ LININGS				
101187	Reinforced Heel				
101186	Reinforced Knee				
100040	Lining behind knee				
101185	Reinforced Inner Thigh (waist high only)				
101183	Self-Material Gusset with Lining (waist high only)				
101184	Reinforced Top (thigh high only)				
100024	Reinforced Top (waist high only)				
	TOES				
101159	Self-Material Enclosed Toe				
101160	Soft Enclosed Toe				
	BANDS/SILICONE				
101118	1" Dotted				
100160	2" Dotted				
101123	1" Striped				
101124	2" Striped				
	BANDS/ELASTIC				
	1" Band				
101117	2" Band				

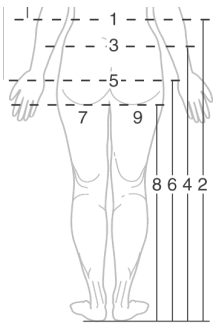
LEG CIRCUMFERENCES

PLEATS	LEFT	TAPE#	RIGHT	PLEATS
		-7½		
		-6		
		-4½		
		-3		
		-1½		
		HEEL 0		
		+1½		
		+3		
		+4½		
		+6		
		+7½		
		+9		
		+10½		
		+12		
		+13½		
		+15		
		+16½		
		+18		
		+19½		
		+21		
		+22½		
		+24		
		+25½		
		+27		
		+28½		
		+30		

Pleat at end of foot only (2 max.)

Pleat at top only (1 max.)

TORSO/BODY MEASUREMENTS	CIRCUM	HEIGHT
Desired Top of Support		
Waist	1	2
Midpoint Between 1 & 5	3	4
Largest Part of Buttocks	5	6
Proximal Thigh Left (at fold of buttocks)	7	8
Proximal Thigh Right (at fold of buttocks)	9	8



LEGEND
Metric to the nearest tenth (0.1) cm.
English to the nearest eighth of inch
A checked box = Yes

FOOT LENGTH	
LEFT	RIGHT
Full foot length required	

ZIPPERS	LOCATION MARK (✔) LEFT	LOCATION MARK (✔) RIGHT	LENGTH IN INCHES LEFT	LENGTH IN INCHES RIGHT
LATERAL (outside) ASPECT (standard)				
MEDIAL (inside) ASPECT				
Zipper through top of support ☐ yes ☐ no				

BSN-JOBST, Inc.
5825 Carnegie Blvd., Charlotte, NC 28209-4633
PO Box 471048, Charlotte, NC 28247-1048 U.S.A.
Tel. 704-554-9933 FAX 1-800-835-4325
FAX for international use: 704-551-7173

57020 RN © 2005 BSN-JOBST, Inc. Printed in U.S.A. Rev 05/05