

Lower Extremity Order Form 50333 must accompany this form.

Lymphedema Garments	
Patient Name / ID Code or File #	DOB Date
Address	Gender M 🗆 F 🗆
City/Province/Postal Code	
	 A. Length from the lateral to medial aspect around the stump. Length Left to Right cm
	B. Length from the anterior to posterior aspect around the stump.
	Length Front to Back cm

C. Circumference around the base of stump. This will help give the end of the garment better shape.

Circumference _____ cm

Hemispheric Lengths of end of stump.

— Front to Back _____ cm

— Left to Right _____ cm





- Include lengths from whichever landmarks are applicable.
- Include a tracing of the end of the stump to show any abnormal protrusions.
 Tracing must contain 1" x 1" scale for reference.
- Pictures are very helpful: front, side, back.
- Please have fitter call Elvarex Customer Service Team before measuring if assistance is needed: 1-800-221-7573, option 3.



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