



Exocustom Leg Stocking Measurement Form



Date: ___/___/___

Patient Name: _____

Fitter/Therapist Name: _____

Ship to: _____

Quantity & Item Code	
Qty	EC-LE- <input type="radio"/> L / <input type="radio"/> R
	EC-LE- <input type="radio"/> L / <input type="radio"/> R
Color: <input type="checkbox"/> Beige L / R <input type="checkbox"/> Black L / R	
Compression	
<input type="checkbox"/> 18 - 21mmHg L / R <input type="checkbox"/> 23 - 32mmHg L / R	
<input type="checkbox"/> 34 - 46mmHg L / R	
Distal Foot Options	
Toe: <input type="checkbox"/> Closed L / R <input type="checkbox"/> Open L / R	
Finish: <input type="checkbox"/> Slant L / R <input type="checkbox"/> Straight L / R	
Modifications	
Qty	Pocket (select Place)
Place: <input type="checkbox"/> Back Knee L / R <input type="checkbox"/> Instep L / R	
Silicone (select Width and Place)	
Width: <input type="checkbox"/> 3.5cm L / R <input type="checkbox"/> 5cm L / R	
Place: <input type="checkbox"/> Inside L / R <input type="checkbox"/> 3/4 Inside L / R	
<input type="checkbox"/> Top L / R	
Zipper L / R (note start / end location below)	
Label Placement on Garment	
Place: <input type="checkbox"/> Inside L / R <input type="checkbox"/> Outside L / R	
Priority Production	
<input type="checkbox"/>	Priority Production (additional fee)
Comments	

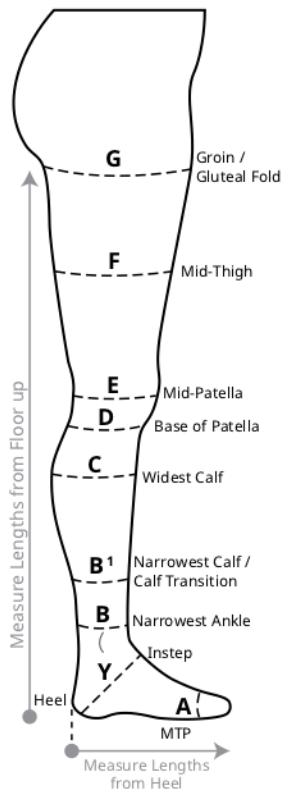
LEFT LEG MEASUREMENTS

CIRC <i>c</i>	LENGTH <i>ℓ</i>
G _c <input type="text"/>	G _ℓ <input type="text"/>
F _c <input type="text"/>	F _ℓ <input type="text"/>
E _c <input type="text"/>	E _ℓ <input type="text"/>
D _c <input type="text"/>	D _ℓ <input type="text"/>
C _c <input type="text"/>	C _ℓ <input type="text"/>
B ¹ _c <input type="text"/>	B ¹ _ℓ <input type="text"/>
B _c <input type="text"/>	B _ℓ <input type="text"/>
Y _c <input type="text"/>	Y _ℓ <input type="text"/>
A _c <input type="text"/>	A _ℓ <input type="text"/>

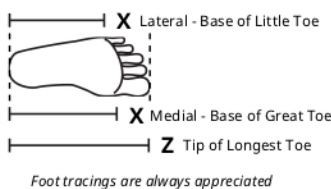
LEFT

Lateral	X _ℓ <input type="text"/>
Base of Little Toe	
Medial	X _ℓ <input type="text"/>
Base of Great Toe	
Closed Toe	Z _ℓ <input type="text"/>
Tip of Longest Toe	

Please measure in centimeters



FOOT LENGTH MEASUREMENTS



RIGHT LEG MEASUREMENTS

CIRC <i>c</i>	LENGTH <i>ℓ</i>
G _c <input type="text"/>	G _ℓ <input type="text"/>
F _c <input type="text"/>	F _ℓ <input type="text"/>
E _c <input type="text"/>	E _ℓ <input type="text"/>
D _c <input type="text"/>	D _ℓ <input type="text"/>
C _c <input type="text"/>	C _ℓ <input type="text"/>
B ¹ _c <input type="text"/>	B ¹ _ℓ <input type="text"/>
B _c <input type="text"/>	B _ℓ <input type="text"/>
Y _c <input type="text"/>	Y _ℓ <input type="text"/>
A _c <input type="text"/>	A _ℓ <input type="text"/>

RIGHT

Lateral	X _ℓ <input type="text"/>
Base of Little Toe	
Medial	X _ℓ <input type="text"/>
Base of Great Toe	
Closed Toe	Z _ℓ <input type="text"/>
Tip of Longest Toe	