

Exocustom Leg Stocking Measurement Form



Date://			
Patient Name:			
Fitter/Therapist Name:			
Ship to:			
Quantity & Item Code	LEFT LEG	Please measure in centimeters	RIGHT LEG
QL/R			MEASUREMENTS
EC-LE- OL/RC			I ENGTH /
Color: ☐Beige L/R ☐Black L/R	CIRC c LENGTH l		CIRC c LENGTH ℓ
Compression	\mathbf{G}_{c} \mathbf{G}_{ℓ}	Surface ($ \mathbf{G}_{c}[] $
□18 - 21 _{mmHg} L / R □23 - 32 _{mmHg} L / R		Groin / Gluteal Fold	
□ 34 - 46 _{mmHg} L / R	Fc Ft		_{Fc} () _{Fℓ}
Distal Foot Options		F /	
Toe: □Closed L / R □Open L / R	\mathbf{E}_{c} \mathbf{E}_{ℓ}	Mid-Thigh	\mathbf{E}_{c} \mathbf{E}_{ℓ}
Finish: ☐ Slant L / R ☐ Straight L / R			
Modifications	\mathbf{p}_{c} \mathbf{p}_{ℓ}		$ \mathbf{p}_{c}() \mathbf{p}_{\ell} $
Pocket (select Place)		Mid-Patella	
Place: ☐ Back Knee L/R ☐ Instep L/R	\mathbf{c}_{c}	Base of Patella	
Silicone (select Width and Place)	Cc Cl	₩idest Calf	Cc
Width: □3.5cm L/R □5cm L/R		l ths f	
Place: □Inside L/R □3/4 Inside L/R	B¹c B¹ℓ	D Base of Patella C Widest Calf Narrowest Calf / Calf Transition Narrowest Ankle	B¹c B¹ℓ
□Top L/R		Calf Transition	
Zipper L / R (note start / end location below)	$Bc \bigcup B\ell \bigcup$	Narrowest Ankle	Bc Bℓ
Label Placement on Garment		Instep	
Place: Inside L / R Outside L / R	Y _c	Heel	Y _c
Priority Production		MTP	
Priority Production (additional fee) Comments	Ac	Measure Lengths from Heel	Ac
Commencs	LEFT	Iron neel	RIGHT
	Lateral X &	FOOT LENGTH MEASUREMENTS	Lateral Xℓ
	Base of Little Toe	X Lateral - Base of Little Toe	Base of Little Toe
	Me dial X ℓ	B	Medial Xℓ
	Base of Great Toe		Base of Great Toe
	Closed Toe	X Medial - Base of Great Toe	Closed Toe
	Tip of Longest Toe	i i i i i i i i i i i i i i i i i i i	Z ℓ Tip of Longest Toe

Foottracings are always appreciated