



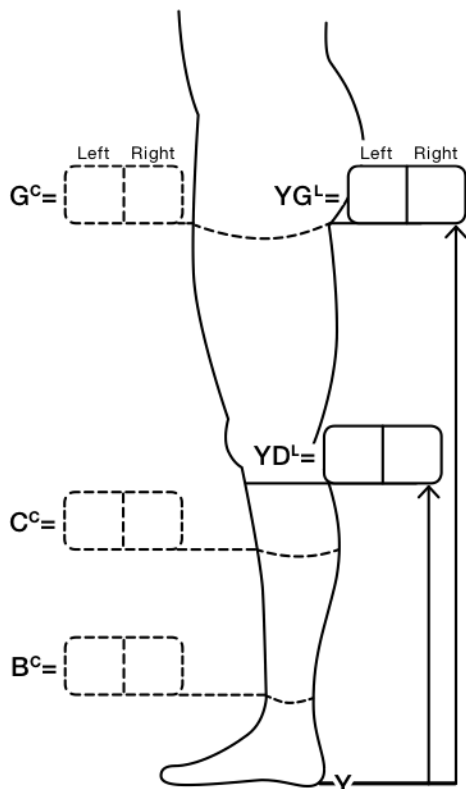
Exosoft Non-Custom Lower Extremity Measurement Form

Date: ____/____/____ Patient Name: _____ Therapist Name: _____

Ship to: _____

Measurements

(All measurements in centimeters)



Products

(All measurements in centimeters)

ExoSoft Thigh High (sold individually, closed toe, silicone top only)

Size	Circumference			Length	Qty.	
	B ^c	C ^c	G ^c	YG ^L	Beige	Black
15–20 mmHg						
Small	18–20	27–37	41–56	up to 73		
Medium	20–24	29–39	45–61	up to 76		
Large	24–28	32–43	50–66	up to 78		
X-Large	28–31	35–45	56–71	up to 81		
20–30 mmHg						
Small	18–20	27–37	41–56	up to 73		
Medium	20–24	29–39	45–61	up to 76		
Large	24–28	32–43	50–66	up to 78		
X-Large	28–31	35–45	56–71	up to 81		

ExoSoft Below Knee (sold individually, knit top only)

Size	Circumference		Length	Toe Options		Qty.	
	B ^c	C ^c	YD ^L			Beige	Black
15–20 mmHg							
Small	18–20	27–37	up to 40	<input type="radio"/> Open	<input type="radio"/> Closed		
Medium	20–24	29–39	up to 43	<input type="radio"/> Open	<input type="radio"/> Closed		
Large	24–28	32–43	up to 45	<input type="radio"/> Open	<input type="radio"/> Closed		
X-Large	28–31	35–45	up to 48	<input type="radio"/> Open	<input type="radio"/> Closed		
20–30 mmHg							
Small	18–20	27–37	up to 40	<input type="radio"/> Open	<input type="radio"/> Closed		
Medium	20–24	29–39	up to 43	<input type="radio"/> Open	<input type="radio"/> Closed		
Large	24–28	32–43	up to 45	<input type="radio"/> Open	<input type="radio"/> Closed		
X-Large	28–31	35–45	up to 48	<input type="radio"/> Open	<input type="radio"/> Closed		

All measurements in centimeters.