


LYMPHA PRESS LEG SLEEVE MEASURING FORM

Date: _____ Patient Name: _____



CIRCUMFERENCE

	LEFT	RIGHT
MID THIGH	<input type="text"/>	<input type="text"/>
KNEE	<input type="text"/>	<input type="text"/>
CALF	<input type="text"/>	<input type="text"/>
ANKLE	<input type="text"/>	<input type="text"/>

MEASUREMENTS IN

CM INCHES

NOTES: _____

