VOE, S.A. DIVISION PRESOTERAPIA Aribau, 39 08011 BARCELONA Tel. 451 64 52 Fax 451 76 22

Date: _____ Nº: _____

Patient: _____

_____

☐ Male
Age: ____ ☐ Female Weight: _____ Height: ____

Doctor: _____ Centre: _____

1st Order: ☐ Replacement: ☐

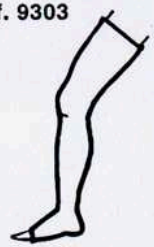
Ref. 9301

Anklet: ☐
Nº of units: ____
R ☐ L ☐

Ref. 9302

Knee length stocking: ☐
Nº of units: ____
R ☐ L ☐

Ref. 9303



Thigh length stocking: ☐
Nº of units: ____
R ☐ L ☐

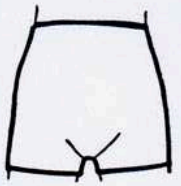
Ref. 9306

Waist height one leg: ☐
Nº of units: ____
R ☐ L ☐

Ref. 9307

Waist height two legs: ☐
Nº of units: ____

Ref. 9305

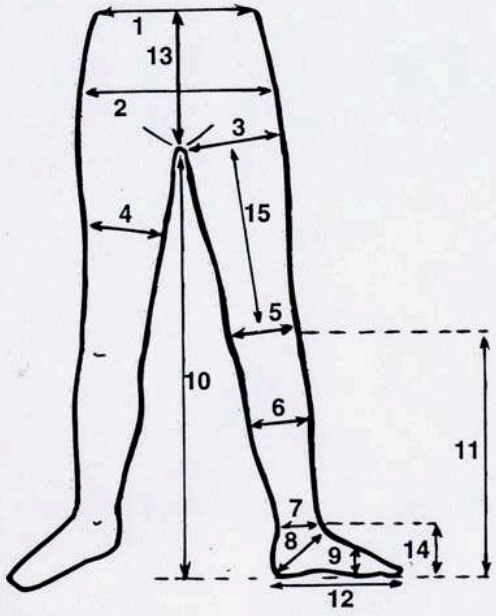


Panty girdle: ☐
Nº of units: ____

COMMENTS

Pubic level Open ☐ Closed ☐

Toes Open ☐ Closed ☐



BASIC MEASUREMENTS		R	L
1	Circunference of waist		
2	Circunference of hips		
3	Circunference of thigh		
4	Circunference of 1/2 thigh		
5	Circunference of knee		
6	Circunference of gemellus		
7	Circunference of ankle		
8	Circunference of heel to instep		
9	Circunference of instep		
10	Distance from crutch to floor		
11	Distance from knee to floor		
12	Length of foot		
13	Distance from waist to crutch		
14	Distance from ankle to floor		
15	Distance from crutch to knee		

R = right L = left

ADDITIONAL MEASUREMENTS		
HEIGHT (From floor) each 5 cms.	LEG CIRCUNFERENCES	
	R	L