

Compression Stocking Measuring Guide

Name: _____

Phone: _____

Compression: 8-15 15-20 20-30 30-40

Open Closed Toe

Knee High Thigh High Full Pantyhose

Measure Circumference Just Above Ankle Bone:

R: _____ L: _____

Measure Circumference of Largest Part Of Calf:

R: _____ L: _____

Measure Circumference From Bend of Knee To Heel:

R: _____ L: _____

Measure Circumference Of Mid Thigh:

R: _____ L: _____

Height: _____ Weight: _____

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