ORDER FORM

CUSTOM PRESSURE GARMENTS

SUBMIT THIS FORM WITH ALL ORDERS, REORDERS & ALTERATIONS

2424 East University Drive, Phoenix, Arizona, U.S.A. 85034-6911
VOICE: 800-421-5647 / 602-267-7854 • FAX: 800-650-9424 / 602-273-6931
e-mail:bio-con@bio-con.com • worldwideweb:http://www.bio-con.com

Bio-Concepts Patient Number **PAT_____**

☐ New Patient ☐ Existing Patient

ORDER DATE _____ MM/DD/YYYY

NEED BY DATE _____ MM/DD/YYYY

SHIP TO ☐ Facility ☐ Patient

Specify Shipping Method: _____

REQUIRED PATIENT INFORMATION

Date of Birth _____ MM/DD/YYYY **Gender** _____

NOTE: **Bio-Concepts Custom Pressure Garments are available only under physician's orders.**

Last Name _____ **First Name** _____

IS THIS A BURN PATIENT? ☐ Yes ☐ No ☐ Edema ☐ Traumatic Scar ☐ Lymphedema

Desired Pressure: mmHg Other:

FACILITY INFORMATION

Purchase Order # _____

Billing Contact _____

Billing Telephone _____

Measured by _____

Quickest way to contact you: Telephone/Pager/Fax/Email

Name of Facility _____

Shipping Address

The full destination address. Include the department, room number, apartment number, etc. If shipping to patient, include the patient's phone number.

Billing Address

The address where we will send our invoice if different from the shipping address. If we are to bill insurance, write "insurance" and provide information below.

IF BILLING INSURANCE/WORKMAN'S COMP/HEALTH PLAN

NOTE: Please leave these spaces blank unless you want us to try billing the patient's health plan. Attach a copy of the prescription, letter of medical necessity, insurance card, and, if available, a copy of the hospital face sheet.

Insurance Carrier _____

Date of Injury _____ MM/DD/YYYY

Insurance Telephone _____

Garment(s) Ordered

Part No.	Description	Qty L	Qty R	Total Qty

NEVER RESEND OLD CHARTS OR OLD MEASUREMENTS TO REORDER

BIO-CONCEPTS USE ONLY

(Please write nothing in this block)

Download these charts at: www.bio-con.com/custom_garments.php

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HEAD & NECK
MEASUREMENT CHART

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Bio Concepts compression garments
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e-mail:bio-con@bio-con.com • worldwideweb:http://www.bio-con.com

Patient _____
Last Name **First Name**

Date

Garment color _____

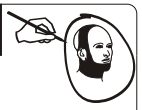
Insert _____

_____

Lining _____

CIRCLE ITEMS ORDERED

Bio-Concepts Use Only: F=



Additional instructions or comments:

_____

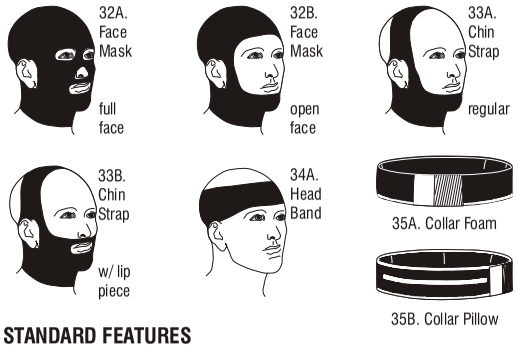
_____

_____

_____

_____

_____



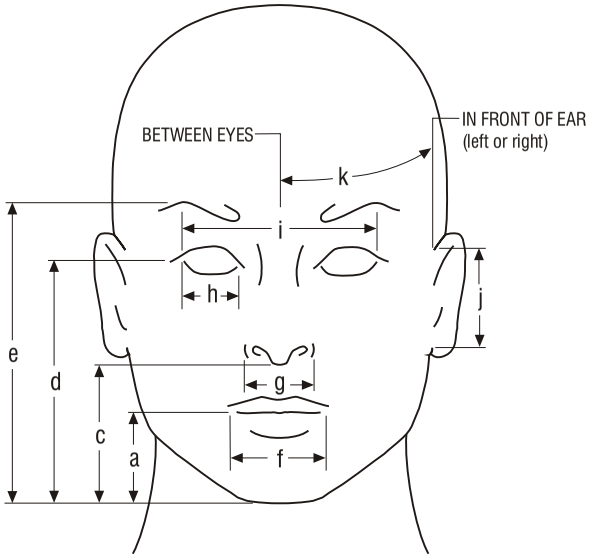
STANDARD FEATURES

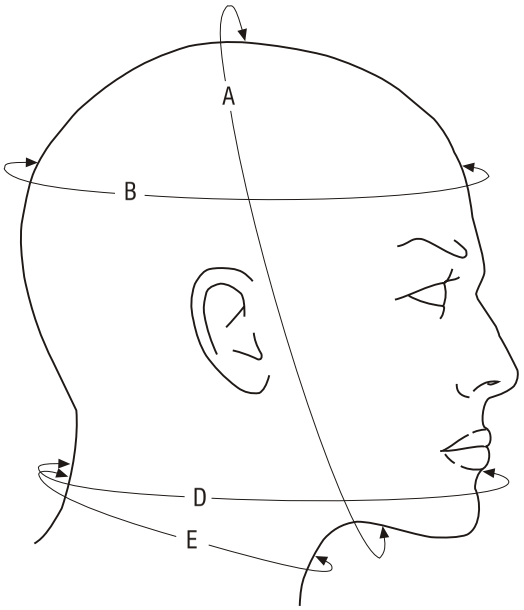
Face Mask:	*Hook & loop closure with hair protector*
Chin Strap:	*Hook & loop closure*
Head Band:	*Slip-on, no closure*
Collar:	*Hook & loop closure*

Refer to the Bio-Concepts Measuring Manual for detailed procedures, additional instructions, and example measuring charts.

REQUIRED MEASUREMENTS

Face Mask:	*ALL*
Chin Strap:	*A-E, a, e & f, j & k*
Head Band:	*B, and desired height of band in front*
Collar:	*E, and desired height of collar*





	FACE MASK MEASUREMENTS	CHIN STRAP MEASUREMENTS
A		
B		
D		
E		
a		
c		
d		
e		
f		
g		
h		
i		
j		
k		

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HAND
MEASUREMENT CHART

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e-mail:bio-con@bio-con.com • worldwideweb:http://www.bio-con.com

Patient _____
Last Name **First Name**

Date _____

Garment color _____

Insert _____

_____

Lining _____

_____

Left hand zipper: ☐ Dorsal ☐ Palmar ☐ Ulnar ☐ Radial
☐ With hook & loop zipper stop tab

Right hand zipper: ☐ Dorsal ☐ Palmar ☐ Ulnar ☐ Radial
☐ With hook & loop zipper stop tab

Glove *and* ***Gauntlet*** *zippers normally open at the proximal end of the garment and extend to just proximal to the knuckles (MCP's).*

☐ **Finger/thumb tips closed** ☐ **Finger/thumb tips open**

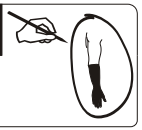
Refer to the Bio-Concepts Measuring Manual for detailed procedures, additional instructions, and example measuring charts.

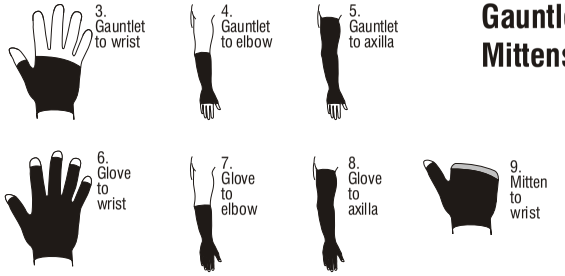
Additional instructions or comments:

_____
_____
_____
_____
_____
_____
_____
_____

CIRCLE ITEMS ORDERED

Bio-Concepts Use Only: F=





HAND TRACINGS ARE REQUIRED for all Gloves, Gauntlets, & Mittens

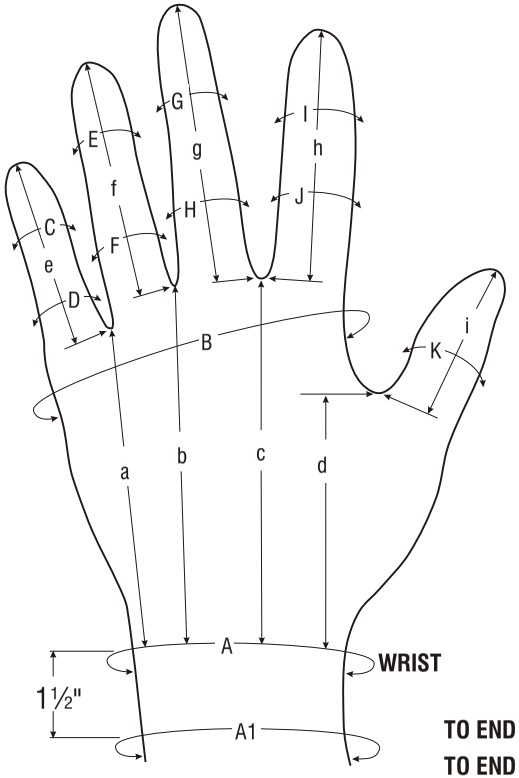
Use the UPPER EXTREMITY CHART for adding sleeves to gloves & gauntlets.

Refer to the **Bio-Concepts Measuring Manual** for instructions on measuring contracted fingers.

Use the hand tracing to illustrate special features & options.

NOTE: Always take distances (a-i) from a hand tracing not from the patient

REQUIRED MEASUREMENTS
Gloves: All
Mittens: All, except C thru J
Gauntlet: A1, A, B, K, d, & i



	LEFT HAND		RIGHT HAND	
A1				
A				
B				
C				
D				
E				
F				
G				
H				
I				
J				
K				
a				
b				
c				
d				
e				
f				
g				
h				
i				

TO END OF FINGER
TO END OF GLOVE FOR OPEN TIPS

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LEFT HAND
TRACING GUIDE

Bio Concepts
compression garments

2424 E. University Drive, Phoenix, Arizona, U.S.A. 85034-6911
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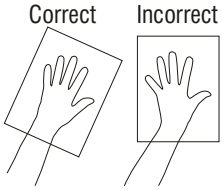
e-mail:bio-con@bio-con.com • worldwideweb:http://www.bio-con.com

REQUIRED in conjunction with HAND MEASUREMENT CHART • Position and trace patient's hand within outline

Patient _____ Date _____

Correct Incorrect



If the glove is to have open finger tips, mark the desired ends of the fingers on the tracing with tic marks.

0.8x4.00

Please do not send a hand tracing without a scale

Draw a 3-inch long line in this box

PLEASE DO NOT WRITE IN MARGINS

PLEASE DO NOT WRITE IN MARGINS

Take measurements a-i on the Hand Measurement Chart from the hand tracing.

Place wrist crease on this line

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RIGHT HAND
TRACING GUIDE

Bio Concepts
compression garments
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e-mail:bio-con@bio-con.com • worldwideweb:http://www.bio-con.com

REQUIRED in conjunction with HAND MEASUREMENT CHART • Position and trace patient's hand within outline

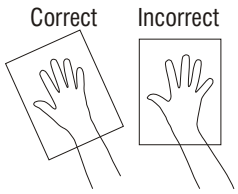
Patient _____ Date _____

0.8x4.00

Please do not send a hand tracing without a scale

Draw a 3-inch long line in this box

Correct Incorrect



If the glove is to have open finger tips, mark the desired ends of the fingers on the tracing with tic marks.

Take measurements a-i on the Hand Measurement Chart from the hand tracing.

Place wrist crease on this line

PLEASE DO NOT WRITE IN MARGINS

PLEASE DO NOT WRITE IN MARGINS

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TORSO
MEASUREMENT CHART

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e-mail:bio-con@bio-con.com • worldwideweb:http://www.bio-con.com

Patient _____
Last Name **First Name**

Date

Garment color _____

Insert _____

_____

Lining _____

_____

Zipper: ☐ Front or ☐ Back ☐ Hook & loop zipper stop tab

☐ **Regular neck**
☐ **Scoop neck**: Distance below sternal notch _____

Turtle neck: ☐ ¾" ☐ 1" ☐ 1½" ☐ 2" ☐ 2½"

Expansion panel: ☐ Left side ☐ Right side
(default expansion panel location is lateral)

☐ Soft armpit panels (N/C)
☐ Mesh armpit panels (N/C)
☐ Waist hook & loop tabs to attach to pants (N/C)

Refer to the Bio-Concepts Measuring Manual for detailed procedures, additional instructions, and example measuring charts.

Additional instructions or comments:

_____
_____
_____
_____
_____
_____
_____

CIRCLE ITEMS ORDERED

Bio-Concepts Use Only: F=

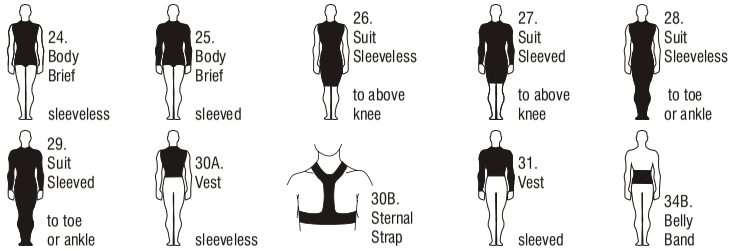
For a Vest (Items 30A, 31)

required: **A, B, C, D, G, H, b, c, d**
for adult female: **brassiere cup size**
torso circumference over breasts
optional: **K, k (see illustrations below)**

For a Body Brief or Suit (Items 24, 25, 26, 27, 28, 29)

required: **All, except K and k**
for adult female: **brassiere cup size**
torso circumference over breasts
optional: **None**

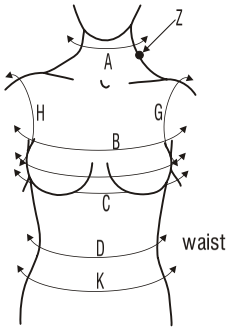
For other torso garments refer to the Measuring Manual



For Adult Females:
Brassiere cup size: _____
Chest circumference (over nipples):

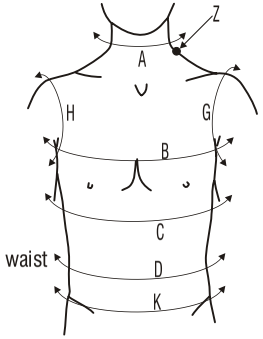
A	
B	
C	
D	
E	
F	
G L	
H R	
I L	
J R	
K	
b	
c	
d	
e	
f	
g	
k	

CIRCUMFERENCES
Adult Female Torso



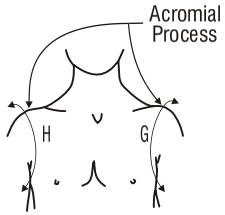
For adult females **C** is directly below the breasts. Don't forget to take an additional circumference of the torso over the breasts.

CIRCUMFERENCES
Male & Child Torso



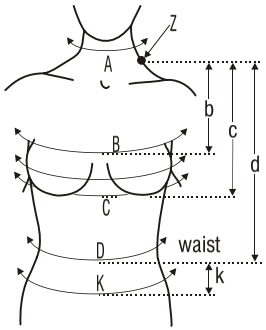
For adult males and children, **C** is halfway between **D** and **B**.

HOW TO MEASURE CIRCUMFERENCES G & H



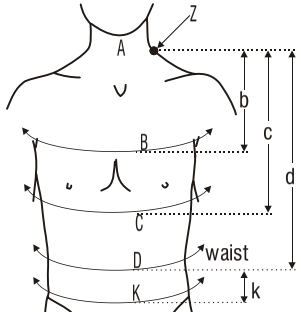
Measure **H** & **G** with arm down and place the measuring tape distal (away) from the acromion.

DISTANCES
Adult Female Torso



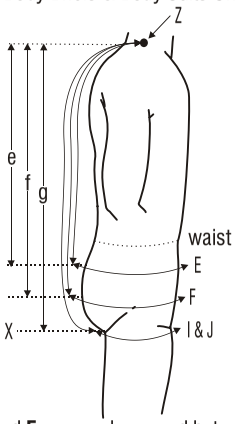
b, **c**, **d**, and **k** are measured from **Z** to **B**, **C**, **D**, and **K** down the front of the torso.

DISTANCES
Male & Child Torso



K and **k** are OPTIONAL. They are to extend **Vests** below waist line, not for **Body Briefs** and **Body Suits**.

ADDITIONAL DISTANCES & CIRCUMFERENCES
Body Briefs & Body Suits Only



E and **F** are evenly spaced between the waist and the gluteal fold.

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UPPER EXTREMITY
MEASUREMENT CHART

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Bio Concepts
compression garments

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e-mail:bio-con@bio-con.com • worldwideweb:http://www.bio-con.com

Patient _____
Last Name **First Name**

Date _____

Garment color _____

Insert _____

_____

Lining _____

_____

Left hand zipper: ☐ Dorsal ☐ Palmar ☐ Ulnar ☐ Radial
☐ With hook & loop zipper stop tab

Length (if not full) _____

Right hand zipper: ☐ Dorsal ☐ Palmar ☐ Ulnar ☐ Radial
☐ With hook & loop zipper stop tab

Length (if not full) _____

Expansion panel: ☐ Left ☐ Right
(Expansion panels are full length by default; ulnar when sleeve separate from torso, palmar when attached to a torso garment)

Refer to the Bio-Concepts Measuring Manual for detailed procedures, additional instructions, and example measuring charts.

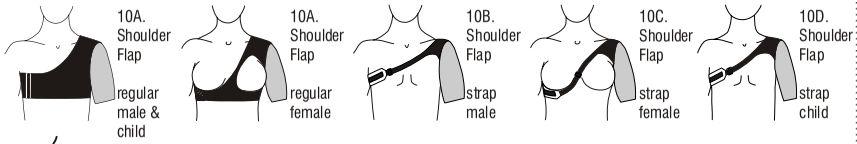
Additional instructions or comments:

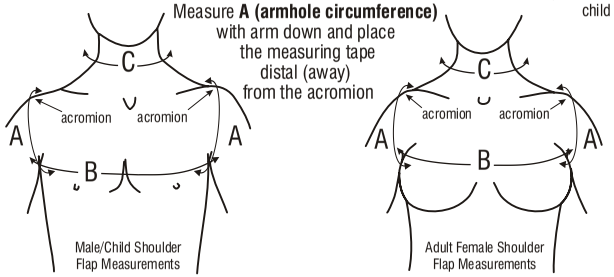
_____
_____
_____
_____
_____
_____
_____

CIRCLE ITEMS ORDERED

Bio-Concepts Use Only: F=

Shoulder Flaps

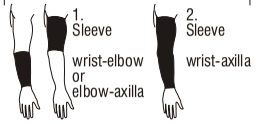

10A. Shoulder Flap
regular male & child
10A. Shoulder Flap
regular female
10B. Shoulder Flap
strap male
10C. Shoulder Flap
strap female
10D. Shoulder Flap
strap child


Measure A (armhole circumference) with arm down and place the measuring tape distal (away) from the acromion
C
acromion
acromion
A
A
B
Male/Child Shoulder Flap Measurements
C
acromion
acromion
A
A
B
Adult Female Shoulder Flap Measurements

	LEFT	RIGHT
A		
B		
C		

Shoulder flaps may be attached to any sleeve that reaches the axilla (No. 1, No. 2, No. 5, No. 8). Select flap style above, sleeve style to lower left. Enter shoulder flap measurements at left and sleeve measurements below.

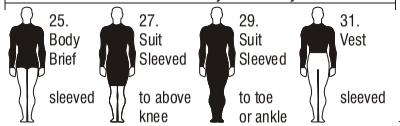
Sleeves

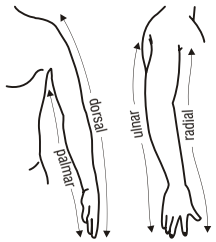

1. Sleeve
wrist-elbow or elbow-axilla
2. Sleeve
wrist-axilla

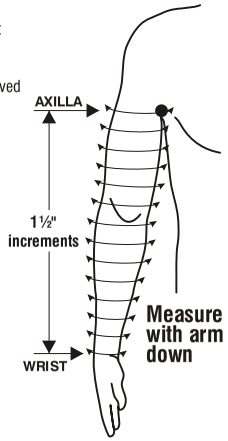
Sleeves for Gloves & Gauntlets

4. Gauntlet
to elbow
5. Gauntlet
to axilla
7. Glove
to elbow
8. Glove
to axilla

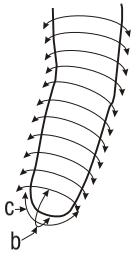
Sleeves for Briefs, Suits, & Vests


25. Body Brief
sleeved
27. Suit Sleeved
to above knee
29. Suit Sleeved
to toe or ankle
31. Vest
sleeved


dorsal
palmar
ulnar
radial


AXILLA
1½" increments
WRIST
Measure with arm down

FROM WRIST or AXILLA	LEFT ARM	RIGHT ARM
0		
1½		
3		
4½		
6		
7½		
9		
10½		
12		
13½		
15		
16½		
18		
19½		
21		


c
b

Stump Measurement

STUMP	LEFT	RIGHT
b		
c		

Stump cover style: ☐ Orange peel
☐ Insert

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LOWER EXTREMITY
MEASUREMENT CHART

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e-mail:bio-con@bio-con.com • worldwideweb:http://www.bio-con.com

Patient _____
Last Name **First Name**

Date _____

Garment color _____

Insert _____

_____

Lining _____

_____

Zipper(s):
☐ Left ☐ Lateral ☐ Medial ☐ Hook & loop zipper stop tab
☐ Right ☐ Lateral ☐ Medial ☐ Hook & loop zipper stop tab

Length (if not full)
& Location: _____

Expansion panel: ☐ Left ☐ Right
(default location is posterior leg)

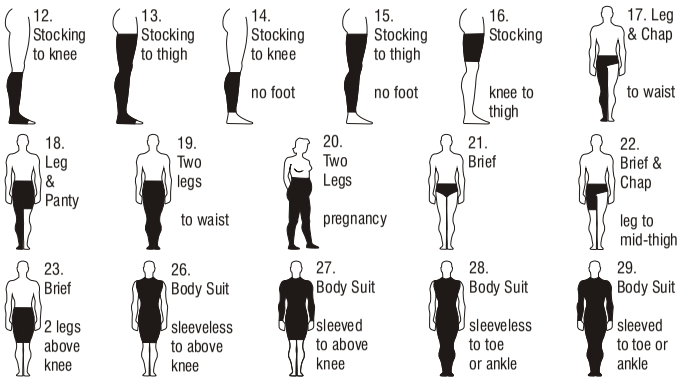
Suspenders: ☐ Attached ☐ Removable

☐ Open pubis
☐ Closed pubis
☐ Waist hook & loop tabs to attach to torso (N/C)

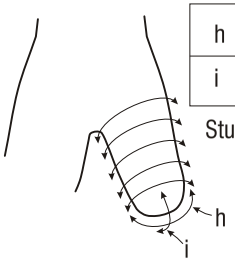
Refer to the Bio-Concepts Measuring Manual for detailed procedures, additional instructions, and example measuring charts.

Additional instructions or comments:

_____
_____
_____
_____
_____
_____
_____

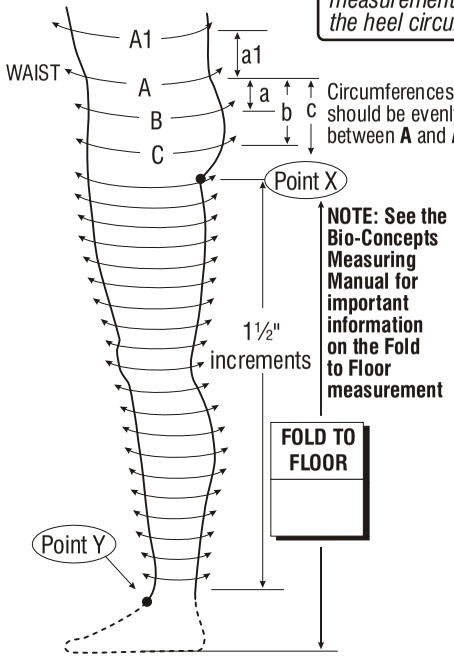


STUMP MEASUREMENT	LEFT	RIGHT
h		
i		



Stump cover style: ☐ Orange peel
☐ Insert

Use this form for all garments requiring measurements of the leg(s). Use the FOOT MEASUREMENT CHART for all measurements of the foot (including the heel circumference).



Circumferences **B** & **C** should be evenly spaced between **A** and ***Point X***

NOTE: See the Bio-Concepts Measuring Manual for important information on the Fold to Floor measurement

TORSO	
A	
B	
C	
a	
b	
c	
A_1	
a_1	

CIRCLE ITEMS ORDERED

Bio-Concepts Use Only: F=

START AT X or Y	LEFT LEG	RIGHT LEG
0		
1½		
3		
4½		
6		
7½		
9		
10½		
12		
13½		
15		
16½		
18		
19½		
21		
22½		
24		
25½		
27		
28½		
30		
31½		
33		

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FOOT
MEASUREMENT CHART
Bio-Concepts Custom Pressure Garments are available only under Physician's Order

Bio Concepts compression garments
2424 East University Drive, Phoenix, Arizona, U.S.A. 85034-6911
VOICE: 800-421-5647 / 602-267-7854 • FAX: 800-650-9424 / 602-273-6931
e-mail:bio-con@bio-con.com • worldwideweb:http://www.bio-con.com

Patient _____
Last Name **First Name**

Date _____

Garment color _____

Insert _____

_____

Lining _____

_____

Zipper(s):
☐ Left ☐ Lateral ☐ Medial ☐ Hook & loop zipper stop tab
☐ Right ☐ Lateral ☐ Medial ☐ Hook & loop zipper stop tab

Expansion panel: ☐ Left ☐ Right
(default location is posterior leg to plantar foot)

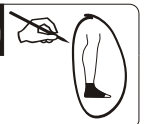
Refer to the Bio-Concepts Measuring Manual for detailed procedures, additional instructions, and example measuring charts.

Additional instructions or comments:

_____
_____
_____
_____
_____
_____
_____
_____
_____

CIRCLE ITEMS ORDERED

Bio-Concepts Use Only: F=

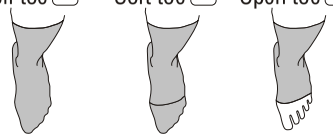


For additional measurements above the 4½ inch circumference use the LOWER EXTREMITY CHART

FOOT MEASUREMENTS

	LEFT	RIGHT
4½		
3		
1½		
D		
E		
F		
e		
f		
g		

Self toe ☐ Soft toe ☐ Open toe ☐



STANDARD TOES

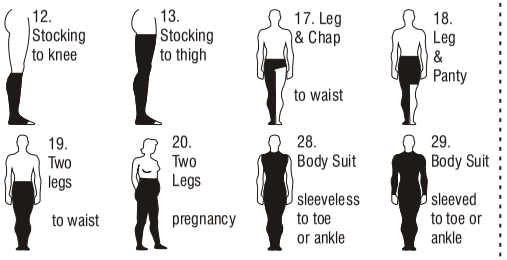
Self Toe: the toe box is made from the same fabric as the rest of the garment.

Soft Toe: the toe box is made of a soft lining material; there is a seam around the foot joining it to the rest of the garment.

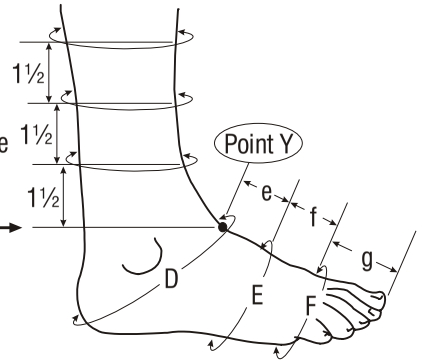
Open toe: stocking ends at your last circumference.

Use this form for all garments requiring foot measurements. Use the LOWER EXTREMITY CHART for measurements of the leg and lower torso

Feet For:

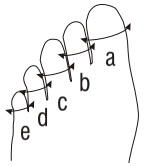


Do **not** measure circumference here



TOE CIRCUMFERENCES and FOOT TRACINGS are **ONLY REQUIRED** for:

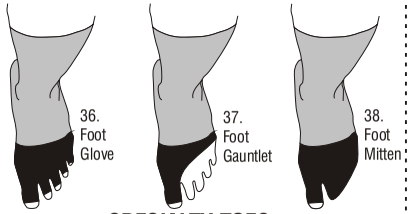
36. Foot Glove
37. Foot Gauntlet
38. Foot Mitten



	LEFT FOOT	RIGHT FOOT
a		
b		
c		
d		
e		

Individual toes: Open ☐ Closed ☐

Foot Gloves, Gauntlets, and Mittens are specialty items (normally attached to other lower extremity garments), used only when separate enclosures for the toes are needed. Attach a foot tracing; use the Bio-Concepts FOOT TRACING GUIDE.



SPECIALTY TOES

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FOOT
TRACING GUIDE

Bio Concepts
compression garments

2424 E. University Drive, Phoenix, Arizona, U.S.A. 85034-6911
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e-mail:bio-con@bio-con.com • worldwideweb:http://www.bio-con.com

Patient _____

Date _____

0.8x4.00

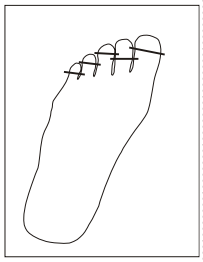
Please do not send a hand tracing without a scale

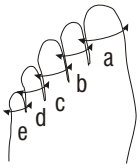
Draw a 3-inch long line in this box

PLEASE DO NOT WRITE IN MARGINS

PLEASE DO NOT WRITE IN MARGINS

If the foot glove or gauntlet is to have open toe tips, mark the desired ends of the toes on the tracing with tic marks.





Take one circumference measurement for each toe and write it in the appropriate box on the Foot Measurement Chart.

Required ONLY for Foot Gloves, Foot Gauntlets, and Foot Mittens (Items 36, 37, & 38)

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SKETCH PAD
CUSTOM PRESSURE GARMENTS

Bio Concepts compression garments
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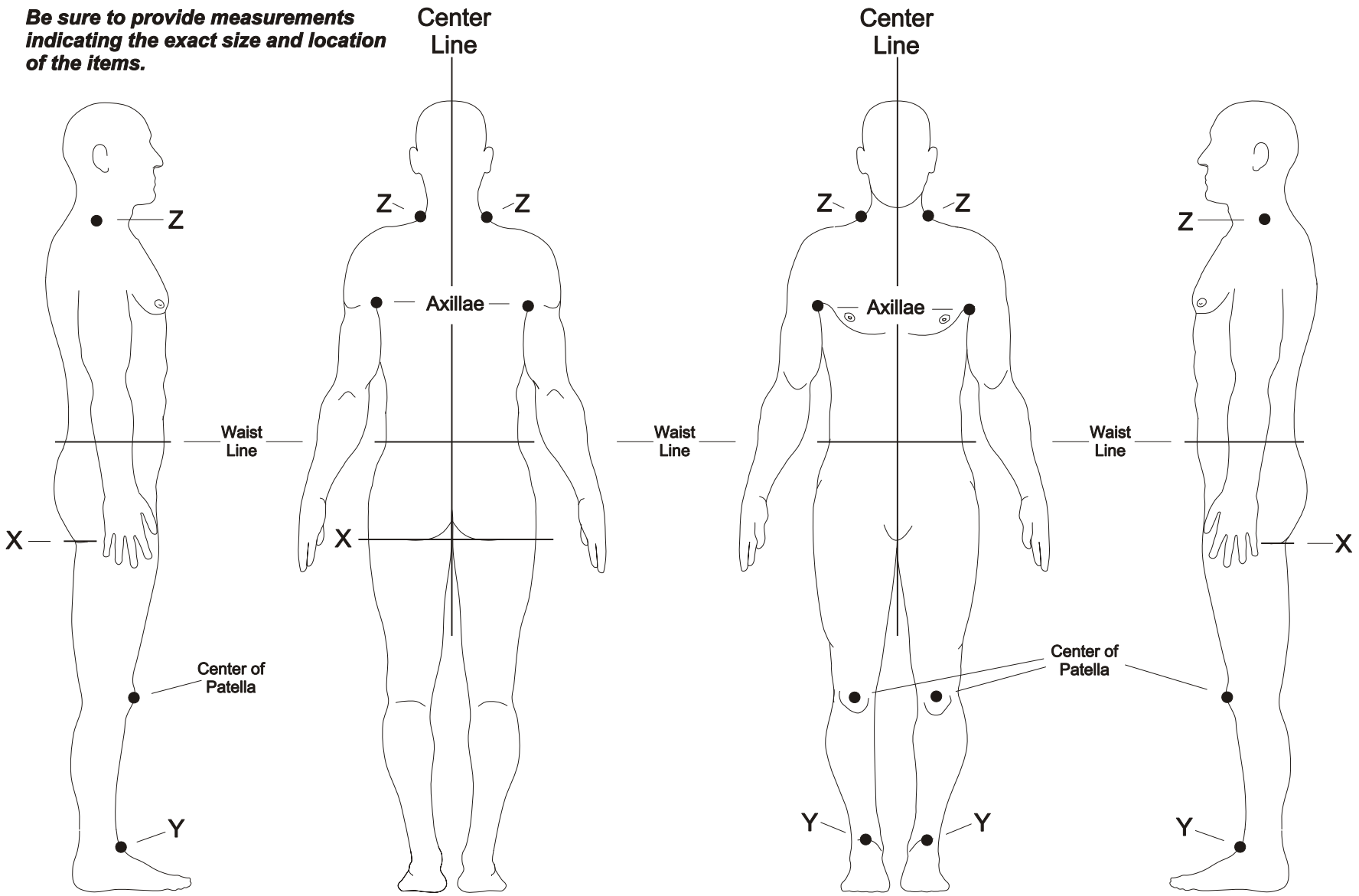
VOICE: 800-421-5647 / 602-267-7854 • FAX: 800-650-9424 / 602-273-6931
e-mail:bio-con@bio-con.com • worldwideweb:http://www.bio-con.com

Use this sketch pad to draw or mark the locations of special inserts, linings, gussetts, and other custom features that cannot be indicated on the appropriate order form. Be sure to use a **black** pen or pencil, and write as legibly as possible. Use the lettered points of reference to relate this drawing to your Bio-Concepts order forms. ***Fill in the patient name and the date.***

Patient Name: _____ Date: _____

Be sure to provide measurements indicating the exact size and location of the items.



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