

# MADE TO MEASURE FORM Custom Leg Gaiter

NB: To meet Medical Device Regulations It is the responsibility of the suitably qualified Health Practitioner to provide full specification/design criteria for a Custom Made Medical Device.

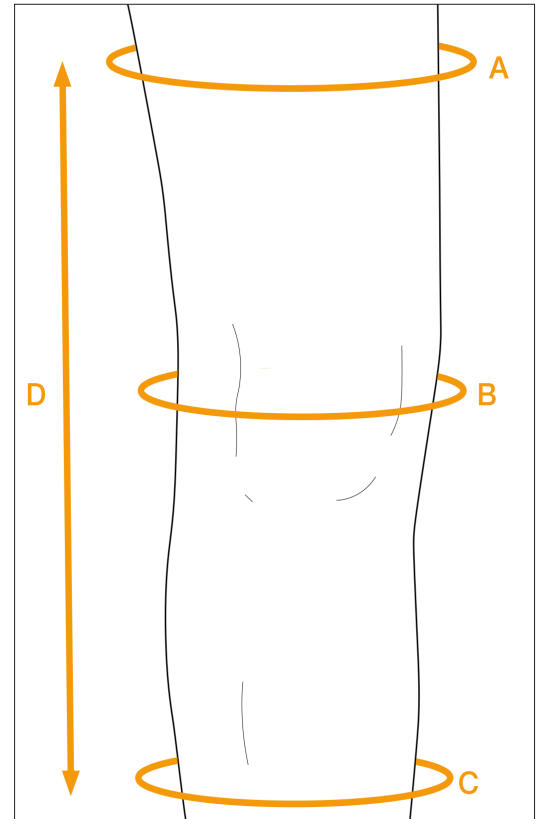
## Measurements

**A** Thigh circumference (mm)

**B** Knee circumference (mm)

**C** Calf circumference (mm)

**D** Length of brace (mm)



## Product Information

**Colour/Pattern (See Swatch)**



**Side** Left  Right

**Over Knee Strap** Yes  No

**Steels**  or **Hinges**

**Straight**  or **Flexed**

**Fixed**  or **Range of Motion:**  ° to °

## Additional Instructions

## Order Information

**Order number**

**What condition/s is the brace for**

**Patient Name**

**Hospital**

**Department**

**Email**

Please complete this form and send it along with your purchase order to our customer service team at: [info@beagleortho.com](mailto:info@beagleortho.com)