lympha Press
Therapy that's easy to live with.

Patient Last Name: _____ Patient First Name: _____

Fitter Last Name: _____ Fitter First Name: _____

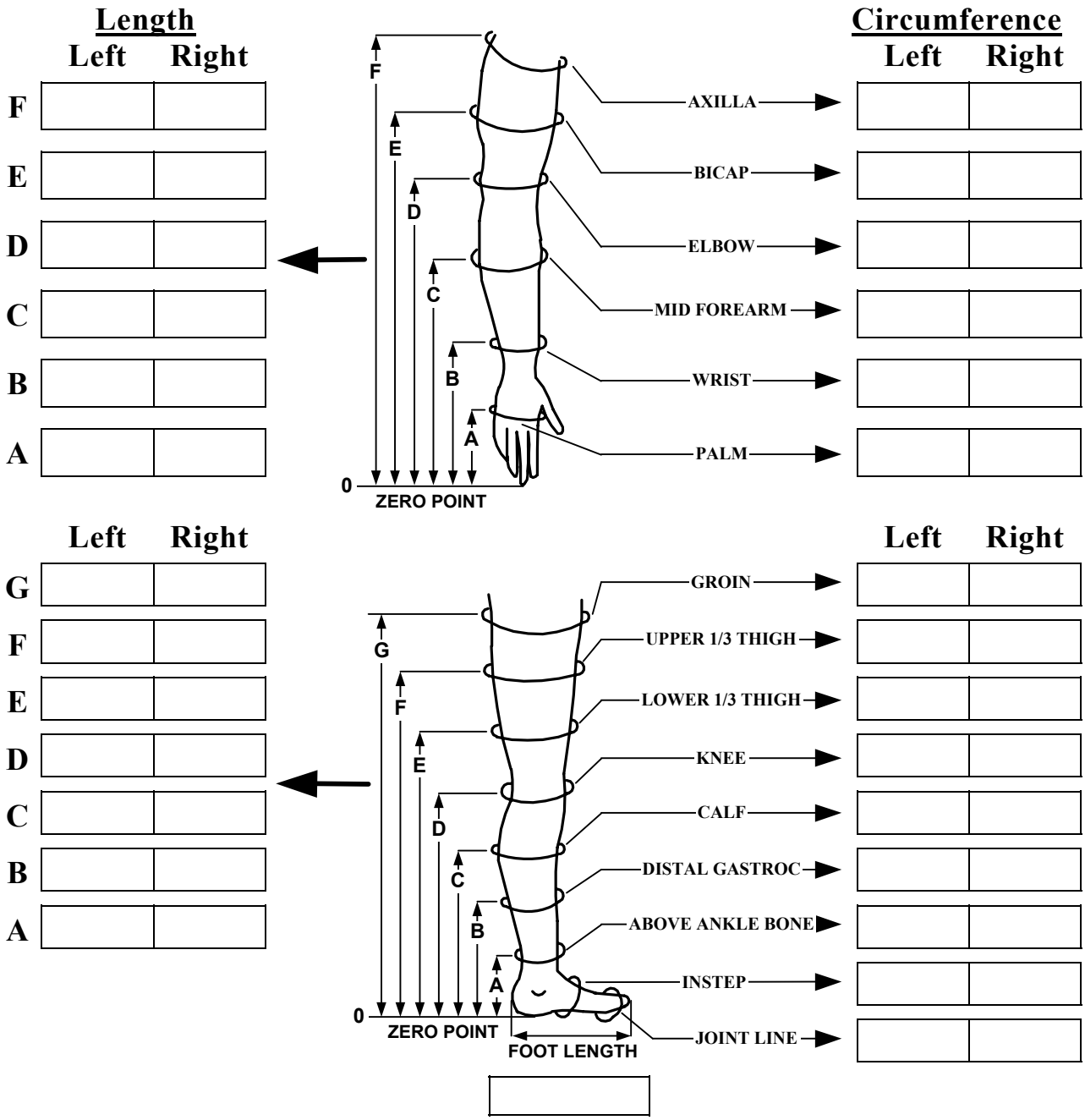
Fitter Title: _____ (example PT/OT/PTA)

Date: _____

LYMPHA PRESS ARM & LEG MEASUREMENT FORM

✸ Length measured from Zero Point

✸ All Measurements in cm



Accurate measuring is the key to perfect fit and best results

PHOENIX Meditech Healthcare Solutions · Specialists in Venous & Lymphatic Insufficiencies

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