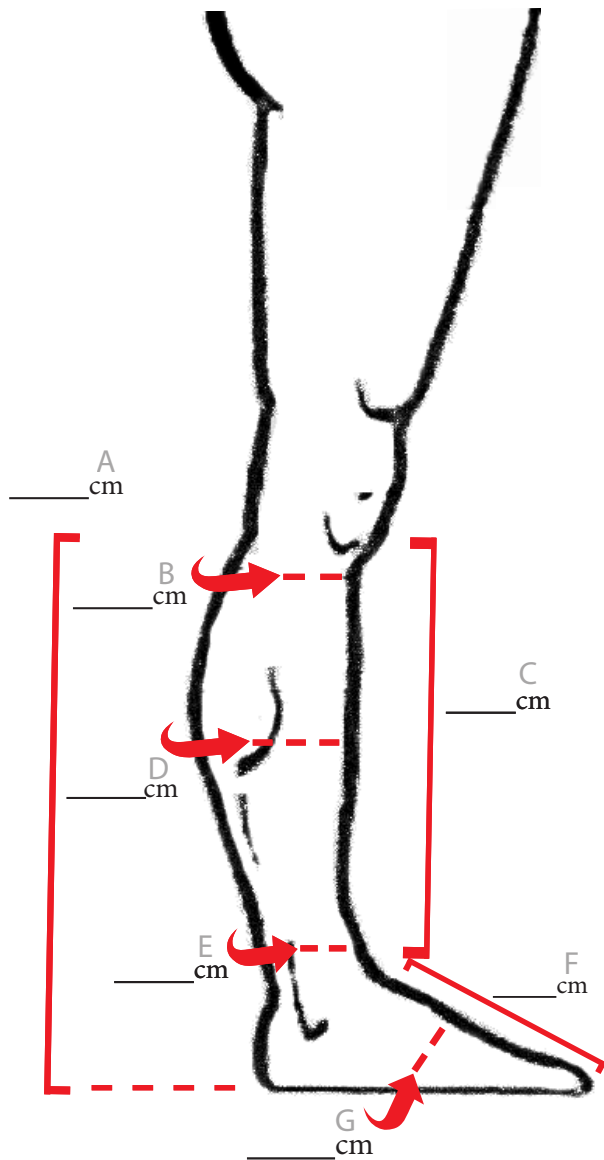


# EZ MEDICAL WRAPS: LOWER-LEG

Measure leg(s) and fill in the correlating measurements into this chart. Once you have completely filled out the relevant areas and send your measurements to EZ Medical Wraps at [nv@ezmedicalwraps.com](mailto:nv@ezmedicalwraps.com).

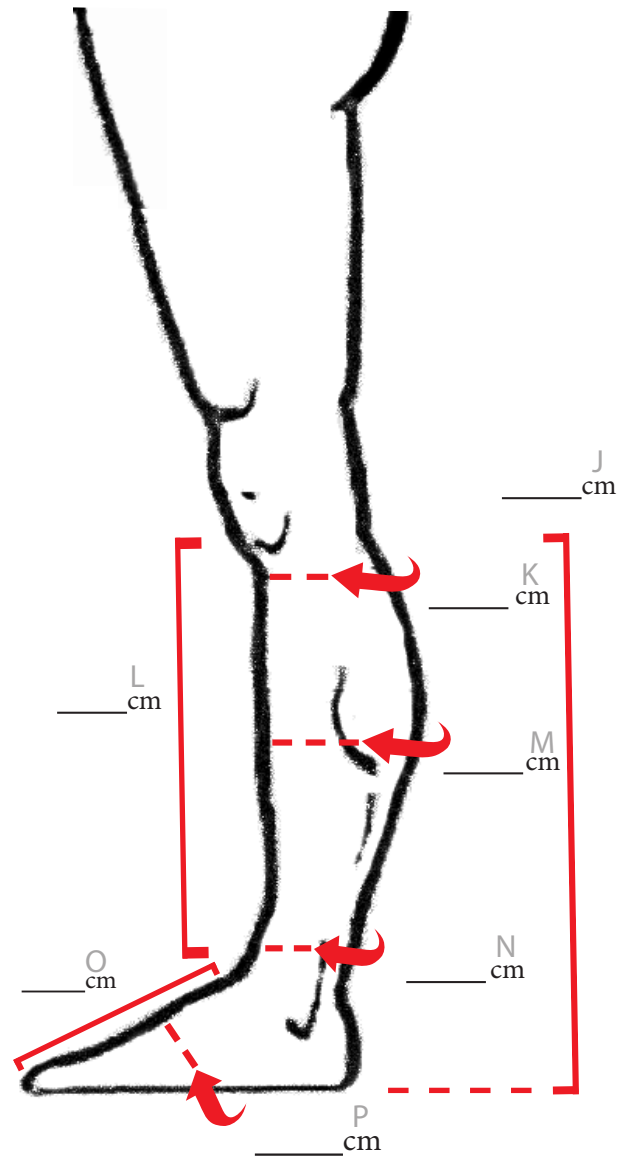
Patient Name \_\_\_\_\_ Date \_\_\_\_\_

## Right Leg



Measure all the way around the arch of the foot after toes are wrapped (if needed)

## Left Leg



Measure all the way around the arch of the foot after toes are wrapped (if needed)