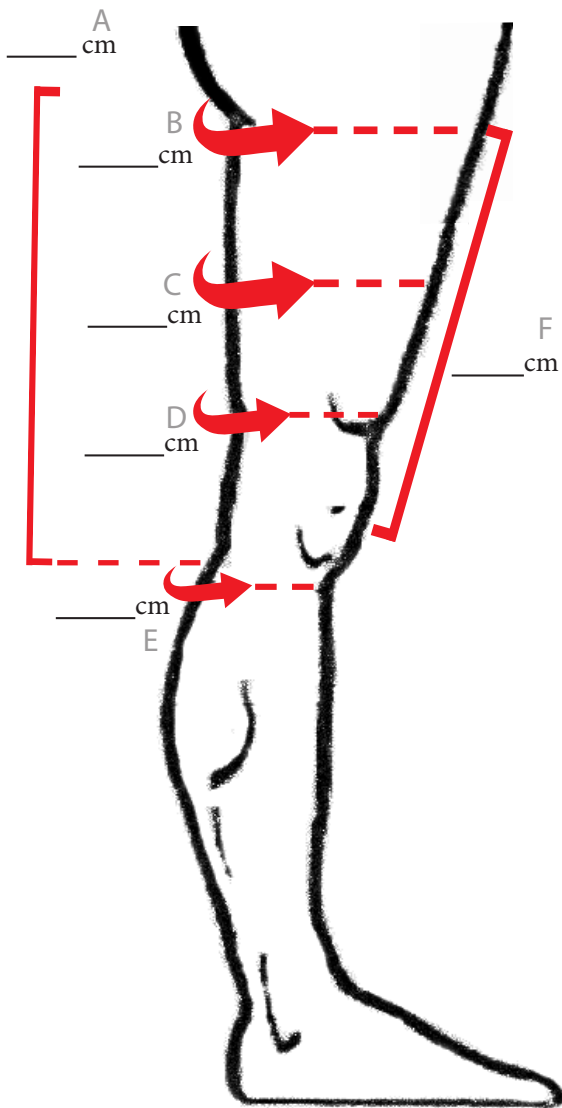


EZ MEDICAL WRAPS: UPPER-LEG FOAM COMPRESSION WRAP

Measure your patient's leg(s) and fill in the correlating measurements into this chart. Once you have completely filled out the relevant areas, send your measurements to EZ Medical Wraps.

Patient Name _____ Date _____

Right Leg



Left Leg

