ONPOINT MEDICAL SOLUTIONS

LEG MEASUREMENT RECORD

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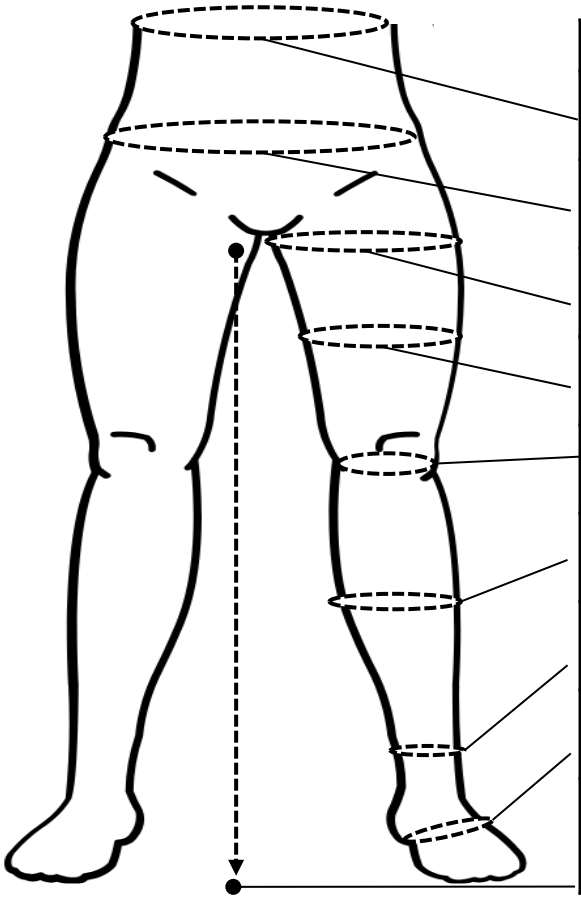
PATIENT INFORMATION

First Name:	Last Name:	Date of Birth:	Height:	Weight (lbs):

Unit of Measure: cm____ in _____	Measurement DATE:	1. **Indicate what the measurements are for** (*select from the options below 1-4*) 2. **Measure and notate the circumference of the leg at each point 1-8** (table below)

Before Pump Rx	❑ **4-Week Conservative Therapy Trial Period** *Select one option to the right >*	❑ **1. Before** 4-Week Conservative Therapy Trial
		❑ **2. After** 4-Week Conservative Therapy Trial
Pump Treatment	❑ **Trial /Rx for Pneumatic Compression Device** (E0651) *Select one option to the right >*	❑ **3. Before** Initial Pump Treatment (E0651)
		❑ **4. After** Post Initial Pump Treatment (E0651)



POINT	LEFT LEG	RIGHT LEG
1. Waist		
2. Hips		
3. Groin		
4. Mid-Thigh		
5. Mid-Knee		
6. Mid-Calf		
7. Ankle		
8. Foot Arch		
9. Inseam / Length		

NOTES:

DIAGNOSIS:

Lymphedema _____ **Venous Ulcers** _____ **Edema** ____ **Other:**_____

____ Is this document made part of this patient's official medical record? _____ YES or NO _____

Technician Name (if applicable)

PRESCRIBER NAME:	PRESCRIBER SIGNATURE:	DATE:	NPI: