

Name _____

Date measured _____

Measured By _____

etogarments

Hospital/Clinic/Therapist _____

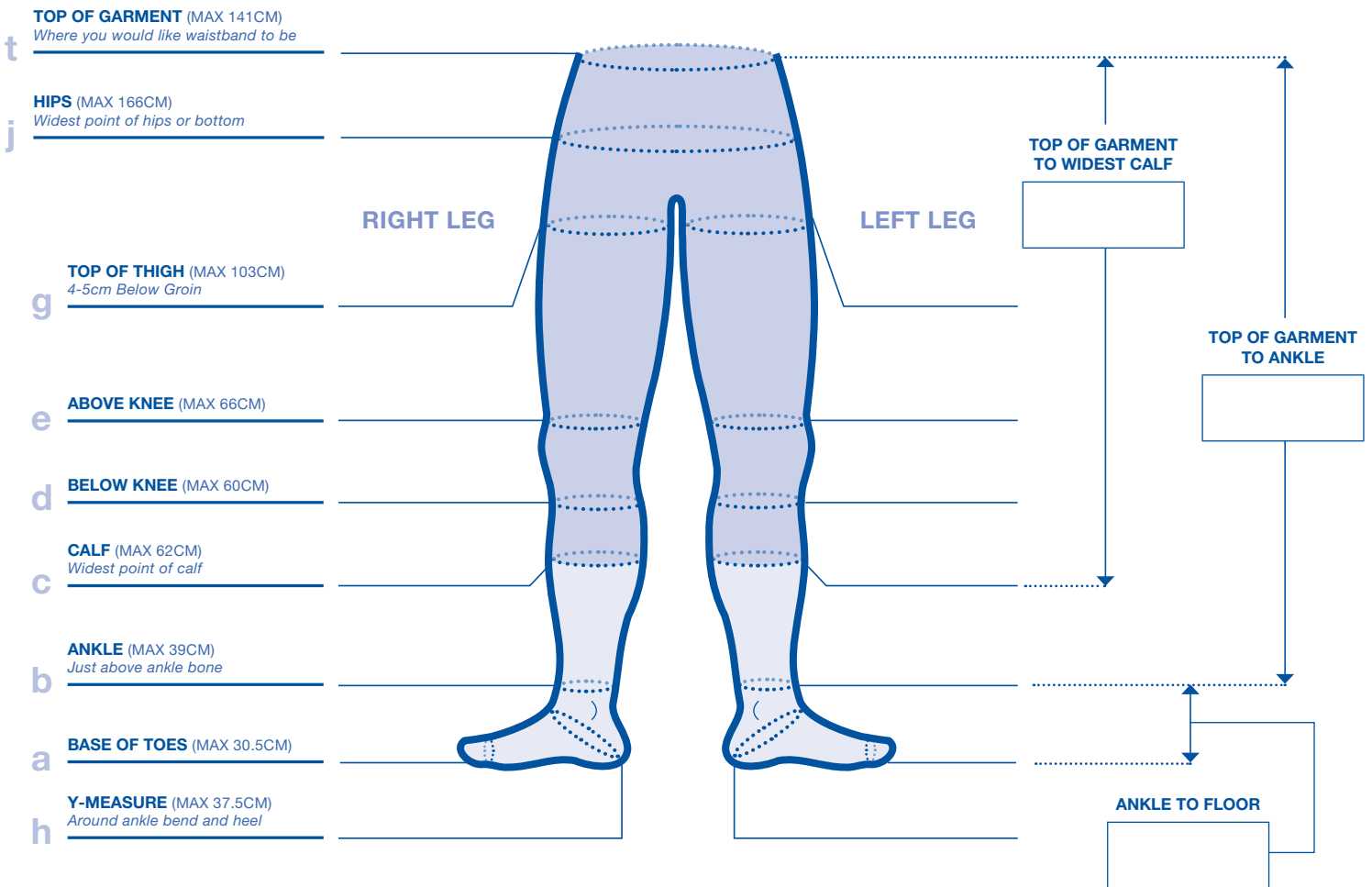
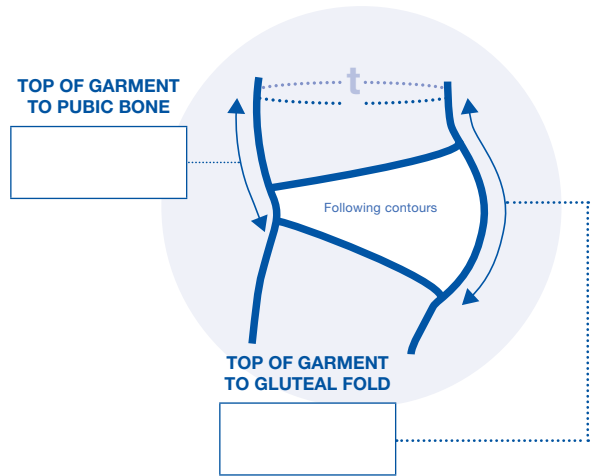
etoGrace

Bespoke Compression Tights for Lipoedema

25-30mmHg Compression



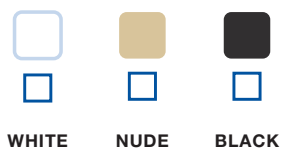
Note: If any of your circumferences are greater than the MAX values, please contact clinical@hadhealth.com to discuss options.



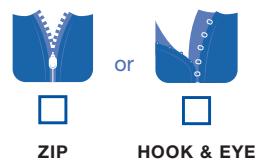
BODY HEIGHT

_____ CM
This measurement should be taken in a standing position, measuring from the floor to the top of the head.

SELECT COLOUR



WAIST FASTENINGS*
Optional



*Additional charge applies

EXTRAS
Optional

