



Client's name _____

LymphScanner

PERCENTAGE WATER CONTENT - LEG MEASUREMENT FORM - TREATMENT MONITORING

F0046AUS-005

Date _____

RIGHT LEFT

20cm 20cm

Mid Patella Mid Patella

20cm 20cm

Malleolus 5cm 5cm Malleolus

Date _____

RIGHT LEFT

20cm 20cm

Mid Patella Mid Patella

20cm 20cm

Malleolus 5cm 5cm Malleolus

Date _____

RIGHT LEFT

20cm 20cm

Mid Patella Mid Patella

20cm 20cm

Malleolus 5cm 5cm Malleolus

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RIGHT LEFT

20cm 20cm

Mid Patella Mid Patella

20cm 20cm

Malleolus 5cm 5cm Malleolus