

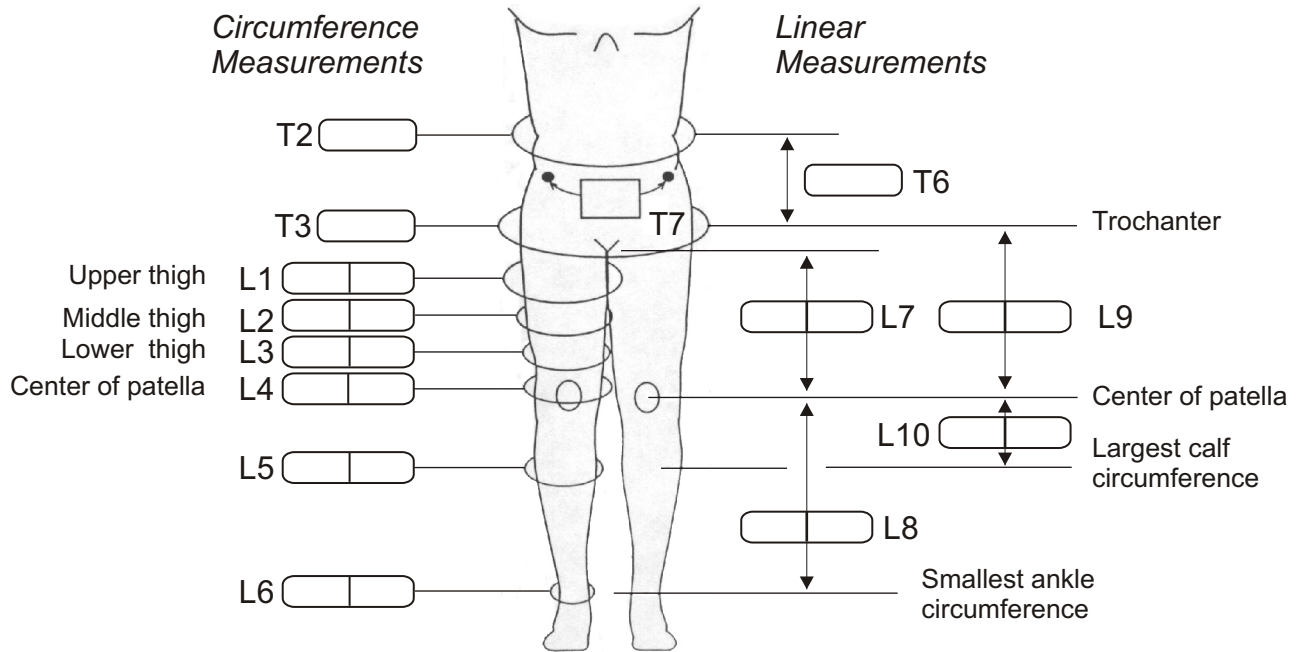
Bioflex Measurement Form

Complete all the requested information in the measurement form below. Measure both the left and the right leg. Patient should be in the supine position. Light tension in the tape-measure is desirable. Measurements L5, L6, L8, and L10 are not required for the standard above-the-knee version of the Bioflex Electrode Garment for the ERGYS or REGYS.

PLEASE INCLUDE A SIGNED PHYSICIAN'S PRESCRIPTION SHEET WITH THIS FORM.

Send completed forms to: Therapeutic Alliances Inc.
 333 N. Broad Street
 Fairborn, Ohio 45324
 (937) 879-0734
 Or fax to: (937) 879-5211

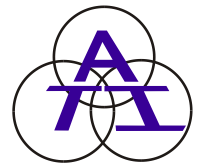
Patient Name _____ Date _____ Inches
 _____ Centimeters



LEFT RIGHT

For double boxes, measure both left and right leg.

Therapeutic Alliances Inc.
 333 North Broad Street
 Fairborn, Ohio 45324 USA



(937) 879-0734 • (937) 879-5211 (fax) • www.ERGYS.com • info@ERGYS.com

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