



mediven®

Flat Knit Lower Extremity- Custom Order Form

Adaptive

Together We Can Adapt to Challenges in Life

Fax (860)323-8002
Phone (860)207-8268



Date: ___/___/___ Patient Name: _____ Therapist Name: _____

Ship to: _____

Circumferences c – left		Circumferences c – right		Lengths ℓ (Taken along the contour; all landmarks to floor)	
Skin**	Tension measurements	Tension measurements	Skin**		
cT					
cH					
cK					
cG			cG		
cF			cF		
cE			cE		
cD			cD		
cC			cC		
cB1			cB1		
cB			cB		
cY			cY		
cA			cA		

Please specify/draw the exact area in the notes. *Requires 5 additional working days for production. †Not available in sensoo. **Skin measurements optional.

Material	Compression CCL 1 2 3 4	Standard colors	Trend colors*†	Quantity	Foot
<input type="checkbox"/> mediven mondi (CCL 1,2,3) <input type="checkbox"/> mediven sensoo (CCL 2) <input type="checkbox"/> mediven 550 (CCL 1,2,3,4)	Panty section <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Left leg <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Right leg <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 = 18-21 mmHg 2 = 23-32 mmHg 3 = 34-46 mmHg 4 = 49-60 mmHg	<input type="checkbox"/> Sand <input type="checkbox"/> Caramel <input type="checkbox"/> Black <input type="checkbox"/> Cashmere † <input type="checkbox"/> Navy † <input type="checkbox"/> Anthracite †	<input type="checkbox"/> Aqua <input type="checkbox"/> medi Magenta <input type="checkbox"/> Moss-green <input type="checkbox"/> Cherry-red <input type="checkbox"/> Mint-green <input type="checkbox"/> Coral <input type="checkbox"/> Blue-jeans	<input type="checkbox"/> Left _____ <input type="checkbox"/> Right _____ <input type="checkbox"/> Pair _____	<input type="checkbox"/> closed toe <input type="checkbox"/> open toe <input type="checkbox"/> netting (550 only) <input type="checkbox"/> with seamless toe cap <input type="checkbox"/> varus toe ease zone (550 only) <input type="checkbox"/> left <input type="checkbox"/> right <input type="checkbox"/> hallux ease (550 only) <input type="checkbox"/> left <input type="checkbox"/> right

Variations	Proximal border	Accessories	Waist	Gusset	Suspensory
<input type="checkbox"/> below knee (AD) <input type="checkbox"/> thigh-length (AG) <input type="checkbox"/> pantyhose (AT) <input type="checkbox"/> men's leotard (ATH) <input type="checkbox"/> maternity panty (ATU) † <input type="checkbox"/> one-legged panty (ATE) † <input type="checkbox"/> BT / B1T / CT / ET / FT †	<input type="checkbox"/> standard oblique <input type="checkbox"/> steep oblique <input type="checkbox"/> straight	<input type="checkbox"/> Extension to sole of foot <input type="checkbox"/> Y knitting mark at the heel <input type="checkbox"/> E knitting mark at the knee <input type="checkbox"/> flexure functional zone knee (only mediven 550) <input type="checkbox"/> extra leg length (ℓK1 needed)	<input type="checkbox"/> perforated tape (adjustable) <input type="checkbox"/> waistband <input type="checkbox"/> knitted border <input type="checkbox"/> silicone dot topband <input type="checkbox"/> Velcro	<input type="checkbox"/> tricot (standard) <input type="checkbox"/> netting length _____ cm <input type="checkbox"/> compressive width _____ cm <input type="checkbox"/> Gluteal shaper (only mediven 550) Zipper: from _____ (Y or B) to _____ (D or G) <input type="checkbox"/> anterior <input type="checkbox"/> posterior <input type="checkbox"/> medial <input type="checkbox"/> lateral	<input type="checkbox"/> Stars <input type="checkbox"/> Pyramids <input type="checkbox"/> Ribs

Other accessories		
Position	Topband piece	Anti-slip dots Fixed size
<input type="checkbox"/> along the oblique border <input type="checkbox"/> lengthways over E <input type="checkbox"/> rear over seam <input type="checkbox"/> on the sole	<input type="checkbox"/> 15 x 5 cm <input type="checkbox"/> 8 x 5 cm <input type="checkbox"/> 8 x 5 cm <input type="checkbox"/> 5 x 5 cm	<input type="checkbox"/> 10 x 4.5 cm <input type="checkbox"/> 10 x 4.5 cm <input type="checkbox"/> 10 x 4.5 cm <input type="checkbox"/> 6 x 4.5 cm

Design-Elements (only mediven 550)	Fashion-Elements* (only mediven 550)
<input type="checkbox"/> Stars <input type="checkbox"/> Pyramids <input type="checkbox"/> Ribs	Colors <input type="checkbox"/> Berry <input type="checkbox"/> Grey <input type="checkbox"/> Pink <input type="checkbox"/> Lilac Pattern <input type="checkbox"/> Crosses <input type="checkbox"/> Ornaments <input type="checkbox"/> Animal <input type="checkbox"/> Flower

Swarovski Crystals: Location Left ankle Right ankle
 Pattern Anchor Water lily Wave

Silver (only mediven mondi) from _____ (Y or A) to _____ (C, D, or G)

<input type="checkbox"/> Lymphpad † <input type="checkbox"/> right <input type="checkbox"/> inside <input type="checkbox"/> outside <input type="checkbox"/> left <input type="checkbox"/> inside <input type="checkbox"/> outside	<input type="checkbox"/> Silk Lining † <input type="checkbox"/> Pocket † <input type="checkbox"/> Levamed † <input type="checkbox"/> Permanent <input type="checkbox"/> Removable
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Silicone Topband

Silicone dot topband narrow 2.5 cm wide 5 cm
 Peony 5 cm beaded Sensitive 5 cm microdot Rose 5 cm solid

Special requests
