

mediven custom circular-knit lower extremity form

Fax Orders: 888-840-0939 Email: customs@mediusa.com

medi

Exact Reorder (Order Number): _____

Customer Name _____ Date Measured _____

Customer No. _____ Purchase Order No. _____

Patient Name _____ Measured by _____

Bill to _____

Ship to _____

Telephone _____ Fax _____

Order Date _____ Email _____

Credit Card Info _____

Shipping Method **Ground** OR **Express** (Express not available for chocolate and wheat color options.)
 Second Day Next Day

Contact for Confirmations (select one): Email _____ Fax _____

LEFT LEG circumference	LEFT LEG length to floor	WHERE TO MEASURE	RIGHT LEG circumference	RIGHT LEG length to floor	PANTY TOP length	KEY FOR CHART
g cm	g cm		t cm	t cm		Height measurement is from each marked body location to floor
f cm	f cm		h cm	h cm	LK1T cm	LK1T Measurement from pubic bone to top of garment along the anatomical contour
e cm	e cm		k cm	k cm	LK2T cm	LK2T Measurement from base of the gluteal fold to top of garment along the anatomical contour
d cm	d cm		g cm	g cm		t Measurement at waist
c cm	c cm		f cm	f cm		h Measurement at widest part of hips
b1 cm	b1 cm		e cm	e cm		k Measurement around both legs at level of gluteal fold
b cm	b cm		d cm	d cm		g Measurement at top of thigh at gluteal fold
y cm			c cm	c cm		f Measurement at mid thigh
a cm			b1 cm	b1 cm		e Measurement slightly above knee
			b cm	b cm		d Measurement slightly below knee
						c Measurement at widest part of calf
						b1 Measurement between ankle and widest part of calf
						b Measurement just above ankle bone
						y Measurement diagonally around heel over widest part of top of ankle
						a Measurement circumference of ball of foot
						z Measurement from heel to toe for Closed-toe stockings (enter below) or from heel to ball of foot for Open-toe stockings
						z Foot Requirement (choose one):
						Closed-Toe: full foot length is _____ cm
						Open-Toe: length from heel to ball of foot is _____ cm

mediven comfort

quantity	compression	toe	colors	styles	silicone top band
_____ left	<input type="checkbox"/> 20-30 mmHg <input type="checkbox"/> 30-40 mmHg	<input type="checkbox"/> closed toe <input type="checkbox"/> open toe	<input type="checkbox"/> natural <input type="checkbox"/> ebony <input type="checkbox"/> wheat <input type="checkbox"/> sandstone <input type="checkbox"/> navy <input type="checkbox"/> chocolate	<input type="checkbox"/> calf <input type="checkbox"/> thigh <input type="checkbox"/> panty <input type="checkbox"/> maternity panty	<input type="checkbox"/> No topband A-D (calf) <input type="checkbox"/> beaded 2.5cm <input type="checkbox"/> beaded 5cm <input type="checkbox"/> sensitive 5cm A-G (thigh) <input type="checkbox"/> beaded 5cm <input type="checkbox"/> sensitive 5cm
_____ right					
_____ pairs					

mediven plus

quantity	compression	toe	colors	styles
_____ left	<input type="checkbox"/> 20-30 mmHg <input type="checkbox"/> 30-40 mmHg <input type="checkbox"/> 40-50 mmHg	<input type="checkbox"/> closed toe <input type="checkbox"/> open toe	<input type="checkbox"/> beige <input type="checkbox"/> black	<input type="checkbox"/> calf <input type="checkbox"/> thigh <input type="checkbox"/> thigh w/waist attachment <input type="checkbox"/> panty <input type="checkbox"/> panty w/one leg <input type="checkbox"/> maternity panty <input type="checkbox"/> men's leotard <input type="checkbox"/> bike shorts <input type="checkbox"/> capri <input type="checkbox"/> leggings <input type="checkbox"/> panty w/one leg below knee, one full leg <input type="checkbox"/> leg sleeves <input type="checkbox"/> bilateral thigh with waist attachment
_____ right				
_____ pairs				
silicone top band		compressive panty ¹		options
<input type="checkbox"/> No topband		<input type="checkbox"/> 20-30 mmHg		<input type="checkbox"/> open crotch (waist-high only)
A-D (calf)	A-G (thigh)	<input type="checkbox"/> 30-40 mmHg		
<input type="checkbox"/> beaded 2.5cm	<input type="checkbox"/> beaded 5cm	<input type="checkbox"/> 40-50 mmHg		
<input type="checkbox"/> beaded 5cm	<input type="checkbox"/> sensitive 5cm			
<input type="checkbox"/> sensitive 5cm				

mediven forte

quantity	compression	toe	colors	styles
_____ left	<input type="checkbox"/> 30-40 mmHg <input type="checkbox"/> 40-50 mmHg	<input type="checkbox"/> closed toe <input type="checkbox"/> open toe	<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"/> grey <input type="checkbox"/> beige* <input type="checkbox"/> chestnut* <input type="checkbox"/> russet-red* <input type="checkbox"/> light-blue* <input type="checkbox"/> sage-green* <input type="checkbox"/> lilac*	<input type="checkbox"/> calf <input type="checkbox"/> thigh <input type="checkbox"/> thigh w/waist attachment <input type="checkbox"/> panty <input type="checkbox"/> panty w/one leg <input type="checkbox"/> maternity panty <input type="checkbox"/> men's leotard <input type="checkbox"/> bike shorts <input type="checkbox"/> capri <input type="checkbox"/> leggings <input type="checkbox"/> panty w/one leg below knee, one full leg
_____ right				
_____ pairs				
silicone top band		compressive panty ¹		options
<input type="checkbox"/> No topband		<input type="checkbox"/> slightly	<input type="checkbox"/> open crotch (waist-high only)	<input type="checkbox"/> Crystal Motifs
A-D (calf)	A-G (thigh)	<input type="checkbox"/> moderate	<input type="checkbox"/> soft toe (netting)	<input type="checkbox"/> unilateral OR <input type="checkbox"/> bilateral
<input type="checkbox"/> beaded 2.5cm	<input type="checkbox"/> beaded 5cm	<input type="checkbox"/> high (avail. 40-50 mmHg only)	<input type="checkbox"/> hallux valgus toe section (closed toe only)	<input type="checkbox"/> proud
<input type="checkbox"/> beaded 5cm	<input type="checkbox"/> sensitive 5cm		<input type="checkbox"/> Anti-slip-segments foot	<input type="checkbox"/> wind
<input type="checkbox"/> sensitive 5cm	<input type="checkbox"/> Motif 5cm beaded			<input type="checkbox"/> trio
	<input type="checkbox"/> Rose 5cm solid			

mediven angio - calf (closed toe)

quantity	compression	colors
_____ left _____ right _____ pairs	<input type="checkbox"/> 15-20 mmHg <input type="checkbox"/> 20-30 mmHg	<input type="checkbox"/> caramel <input type="checkbox"/> black

¹Requires 10 additional working days for production. ²Panty compression may not be greater than legs. Exact mmHg not measurable.