



Custom Legging Form

Fax Orders: 888-840-0939

Email: customs@mediusa.com

☐ Exact Reorder Order

Number: _____

medi

Date _____ Physicians Printed Signature _____

NPI _____ Physicians Signature _____

Customer Name _____

Customer No. _____ Purchase Order No. _____

Patient Name _____ Fax _____

Billing Address _____

Shipping Address _____

Measured by _____

Telephone _____

Order Date _____ Email _____

Diagnosis: ICD-10 - check all that apply

- ☐ I89.0 Lymphedema, not elsewhere classified
- ☐ I97.2 Postmastectomy lymphedema syndrome
- ☐ I97.89 Other postprocedural complications and disorders of the circulatory system, not elsewhere classified
- ☐ Q82.0 Hereditary lymphedema

Shipping method: ☐ Standard (max. 5 days after complete order is received)☐ Second Day (extra charge)☐ Next Day (extra charge)

Credit Card Info _____

juxtafit® premium				
	Qty Left	Qty Right	Lateral rise (oblique)	Add pull tabs
Lower leg			<input type="checkbox"/> No rise (default) <input type="checkbox"/> 5cm <input type="checkbox"/> 10cm	
Lower leg w/knee				
Knee only				
Upper leg			<input type="checkbox"/> Yes (default) <input type="checkbox"/> No	
Upper leg w/knee			<input type="checkbox"/> Yes (default) <input type="checkbox"/> No	
Whole leg			<input type="checkbox"/> Yes (default) <input type="checkbox"/> No	

Foot options - choose one	Additional Options	
Standard foot options	Extra Pair Undersleeves (open ended):	
<input type="checkbox"/> pac band™ (default) - compression anklets included	Lower Leg	Whole Leg
<input type="checkbox"/> single band afw™	Beige	
<input type="checkbox"/> juxtafit premium interlocking afw	Silver	
<input type="checkbox"/> juxtafit premium afw	Extra Pair Undersocks (close ended):	
<input type="checkbox"/> customizable interlocking afw	Lower Leg	Whole Leg
<input type="checkbox"/> no foot	Beige	
Custom foot options	Silver	
<input type="checkbox"/> juxtafit premium afw	Cotton Terry	
<input type="checkbox"/> attached <input type="checkbox"/> separate	Compressive Undersocks	
Cover up color	15-25 mmHg	25-35 mmHg
<input type="checkbox"/> black (default) <input type="checkbox"/> beige	Small	Small
	Large	Large

graduate™								
	Qty Left	Qty Right	Boot style	Foam lateral rise (oblique)	Band locks	Hard sole boot	Foam liner closure	Foam liner color options
Lower leg with boot			<input type="checkbox"/> attached (default) <input type="checkbox"/> separate					Interior <input type="checkbox"/> beige *
Lower leg without boot								Exterior <input type="checkbox"/> black* <input type="checkbox"/> beige
Whole leg with boot			<input type="checkbox"/> attached (default) <input type="checkbox"/> separate					* default
Whole leg without boot								
Boot only								
			Foam pad accessory: _____ cm x _____ cm (max. 20cm x 20cm)					

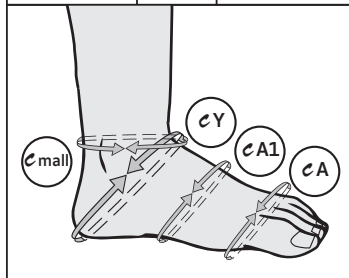
Notes on taking measurements for custom-made circaid inelastic products

- Measurements for compression garments should not be taken until the best possible decongestion effort has been achieved. Circumference and length measurements are taken in a distal to proximal sequence. Measurements should be taken with the leg extended straight, such as with a patient lying flat on a table or standing.
- It is essential to mark the measuring points on the leg so that the circumference and length measurements are taken at the same point.
- The circumference measurements are taken without any tension as the products are adjustable and will accommodate some changes in size. Measurements are to be taken with skin measurements. Skin measurements should be taken loosely without tension.

Patient Name: _____ Date: _____

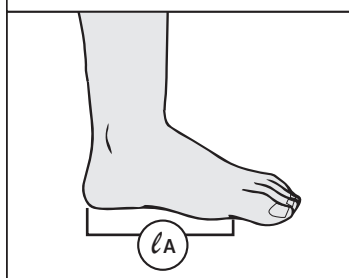
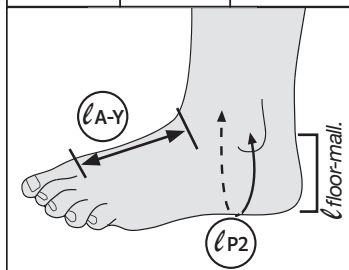
Foot measurement Circumferences

Left in cm.		Right in cm.
	c _{mall.}	
	c _y	
	c _{A1}	
	c _A	



Foot measurement Lengths

Left in cm.		Right in cm.
	l _{P2}	
	l _{floor-mall.}	
	l _{A-Y}	
	l _A	



Please take measurements without tension!

Leg measurement Circumferences

Left in cm.		Right in cm.
	85	
	80	
	75	
	70	
	65	
	60	
	55	
	50	
	45	
	40	
	35	
	30	
	25	
	20	
	15	
	10	
	05	
	c _{mall}	
	c _{E*}	

l_{mall.-K}

L	R
---	---

L	R
---	---

L	R
---	---

L	R
---	---

L	R
---	---

L	R
---	---

L	R
---	---

L	R
---	---

L	R
---	---

L	R
---	---

L	R
---	---

l_{mall.-G}

L	R
---	---

L	R
---	---

L	R
---	---

L	R
---	---

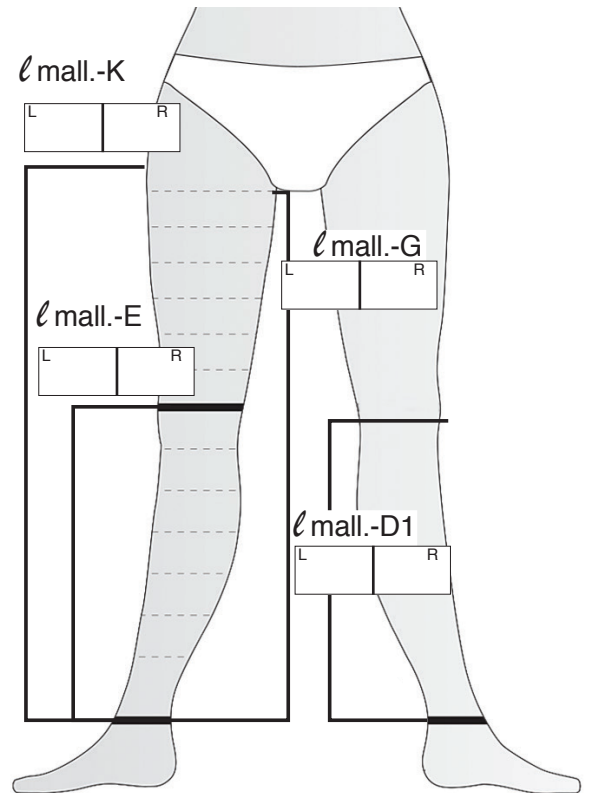
L	R
---	---

L	R
---	---

L	R
---	---

L	R
---	---

L	R
---	---



Measurements must be every 5cm from the starting point at the malleolus.

*E = center of patella

Notes: