

# CIRCAID® 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 \_\_\_\_\_

**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

Order Date \_\_\_\_\_ Email \_\_\_\_\_

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

Credit Card Info \_\_\_\_\_

juxtafit® premium					Foot options - choose one	Additional Options
	Qty Left	Qty Right	Lateral rise (oblique)	Add pull tabs	Standard foot options	Extra Pair Undersleeves (open ended):
Lower leg			<input type="checkbox"/> No rise ( <b>default</b> ) <input type="checkbox"/> 5cm <input type="checkbox"/> 10cm		<input type="checkbox"/> pac band™ ( <b>default</b> ) - compression anklets included <input type="checkbox"/> single band afw™ <input type="checkbox"/> juxtafit premium interlocking afw <input type="checkbox"/> juxtafit premium afw <input type="checkbox"/> customizable interlocking afw <input type="checkbox"/> no foot	Lower Whole Leg _____
Lower leg w/knee					<input type="checkbox"/> customizab	Beige _____ Silver _____
Knee only					<input type="checkbox"/> interlocking a	Extra Pair Undersocks (close ended): Lower Whole Leg _____
Upper leg			<input type="checkbox"/> Yes ( <b>default</b> ) <input type="checkbox"/> No		<input type="checkbox"/> a	Beige _____ Silver _____
Upper leg w/knee			<input type="checkbox"/> Yes ( <b>default</b> ) <input type="checkbox"/> No		<input type="checkbox"/> sepa	Cotton Terry _____
Whole leg			<input type="checkbox"/> Yes ( <b>default</b> ) <input type="checkbox"/> No		<input type="checkbox"/> black ( <b>default</b> ) <input type="checkbox"/> beige	Compressive Undersocks 15-25 mmHg _____ 25-35 mmHg _____ 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 ( <b>default</b> ) <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 ( <b>default</b> ) <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.

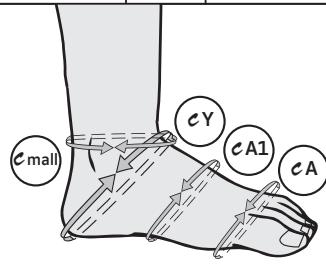
• The circumference measurements are taken without any tension as the products are adjustable and will accommodate some changes in size. Measurements are to be taken with skin measurements. Skin measurements should be taken loosely without tension.

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

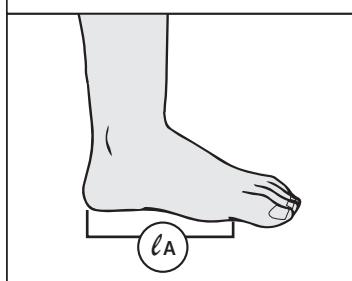
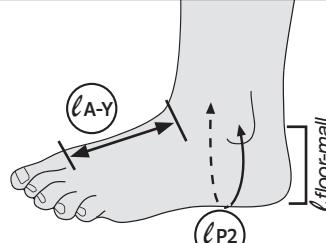
## Foot measurement Circumferences

Left in cm.		Right in cm.
	<i>c</i> mall.	
	<i>c</i> Y	
	<i>c</i> A1	
	<i>c</i> A	



## Foot measurement Lengths

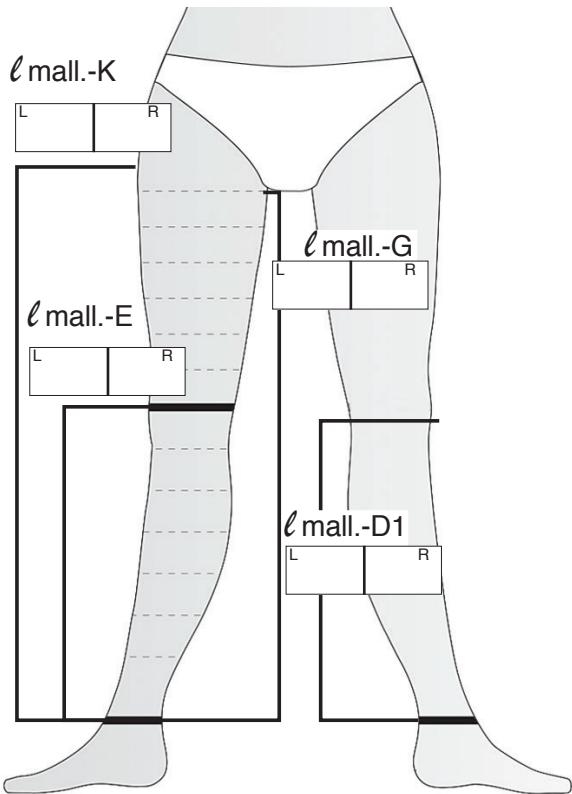
Left in cm.		Right in cm.
	<i>l</i> P2	
	<i>l</i> floor-mall.	
	<i>l</i> A - Y	
	<i>l</i> A	



## 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	
	<i>c</i> mall	
	<i>c</i> E*	



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

\*E = center of patella

Notes: