



**Patient Last Name:** \_\_\_\_\_ **Patient First Name:** \_\_\_\_\_  
**Fitter Last Name:** \_\_\_\_\_ **Fitter First Name:** \_\_\_\_\_  
**Fitter Title:** \_\_\_\_\_ **(example: PT/OT/PTA)**  
**Date:** \_\_\_\_\_



## CUSTOM CIRCULAR KNIT LEG STOCKING MEASUREMENT FORM

QUANTITY	MATERIAL, COLOR, COMPRESSION						OPTIONS
left:	<b>mediven® comfort</b>		<b>mediven® plus</b>		<b>mediven® forte</b>		<b>compressive panty*</b> <input type="checkbox"/> 20-30 <input type="checkbox"/> 30-40 <input type="checkbox"/> 40-50 <small>*Compression must be lower than legs</small>  <b>top band</b> <b>mediven® comfort:</b> beaded silicone (A-D) <input type="checkbox"/> 2.5 cm <input type="checkbox"/> 5 cm lace silicone (A-C) <input type="checkbox"/> 5 cm  <b>mediven® plus &amp; forte:</b> beaded silicone <input type="checkbox"/> 2.5 cm <input type="checkbox"/> 5 cm
right:	<b>color</b> <input type="checkbox"/> natural <input type="checkbox"/> ebony <input type="checkbox"/> wheat <input type="checkbox"/> mocha <input type="checkbox"/> sandstone	<b>compression</b> <input type="checkbox"/> 20-30 <input type="checkbox"/> 30-40	<b>color</b> <input type="checkbox"/> beige <input type="checkbox"/> black	<b>compression</b> <input type="checkbox"/> 20-30 <input type="checkbox"/> 30-40 <input type="checkbox"/> 40-50	<b>color</b> <input type="checkbox"/> beige <input type="checkbox"/> black	<b>compression</b> <input type="checkbox"/> 30-40 <input type="checkbox"/> 40-50	
pairs:	<b>style</b> <input type="checkbox"/> calf <input type="checkbox"/> thigh	<input type="checkbox"/> panty <input type="checkbox"/> maternity panty	<b>style</b> <input type="checkbox"/> calf <input type="checkbox"/> thigh <input type="checkbox"/> thigh w/waist <input type="checkbox"/> panty <input type="checkbox"/> maternity panty <input type="checkbox"/> men's leotard	<input type="checkbox"/> bike shorts <input type="checkbox"/> capri <input type="checkbox"/> legging <input type="checkbox"/> leg sleeve <input type="checkbox"/> one leg panty	<b>style</b> <input type="checkbox"/> calf <input type="checkbox"/> thigh <input type="checkbox"/> thigh w/waist <input type="checkbox"/> panty	<input type="checkbox"/> maternity panty <input type="checkbox"/> men's leotard <input type="checkbox"/> bike shorts <input type="checkbox"/> leg sleeve	

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
			t	t		<b>Height measurement is from each marked body location to floor</b>  LK1T Measurement from pubic bone to top of garment along the anatomical contour LK2T Measurement from base of the gluteal fold to top of garment along the anatomical contour  t Measurement at waist h Measurement just above pelvic bone k Measurement at top of widest part of hip g Measurement at top of thigh at gluteal fold f Measurement at mid thigh e Measurement slightly above knee d Measurement slightly below knee c Measurement at widest part of calf b1 Measurement between ankle and waist part of calf b Measurement just above ankle bone a Measurement circumference of ball of foot y Measurement diagonally around heel over widest part of top of ankle z Measurement from heel to toe for Closed-toe stockings (enter below) or from heel to ball of foot for Open-toe stockings  <b>z Foot Requirement (choose one):</b> Closed-Toe: full foot length is _____ cm Open-Toe: length from heel to ball of foot is _____ cm
		Waist (t)	cm	cm		
		Hips (h)	cm	cm	LK1T	
		Buttocks (k)	cm	cm	LK2T	
g	cm	g	cm	cm	Thigh Below Knee Thigh w/Waist Att/Maternity Panty/Men's Leotard	
f	cm	f	cm	cm		
e	cm	e	cm	cm		
d	cm	d	cm	cm		
c	cm	c	cm	cm		
b1	cm	b1	cm	cm		
b	cm	b	cm	cm		
a	cm	a	cm	cm		
y	cm	y	cm	cm		
		z	cm	cm		