

# mediven<sup>®</sup>

## flat-knit arm, hand & circaid profile-

### Custom Order Form



Customer Name \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Account # \_\_\_\_\_

P.O.# \_\_\_\_\_

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

Date Measured \_\_\_\_\_

Measured By \_\_\_\_\_

Exact Reorder Number \_\_\_\_\_

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

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

Fitter Last Name: \_\_\_\_\_

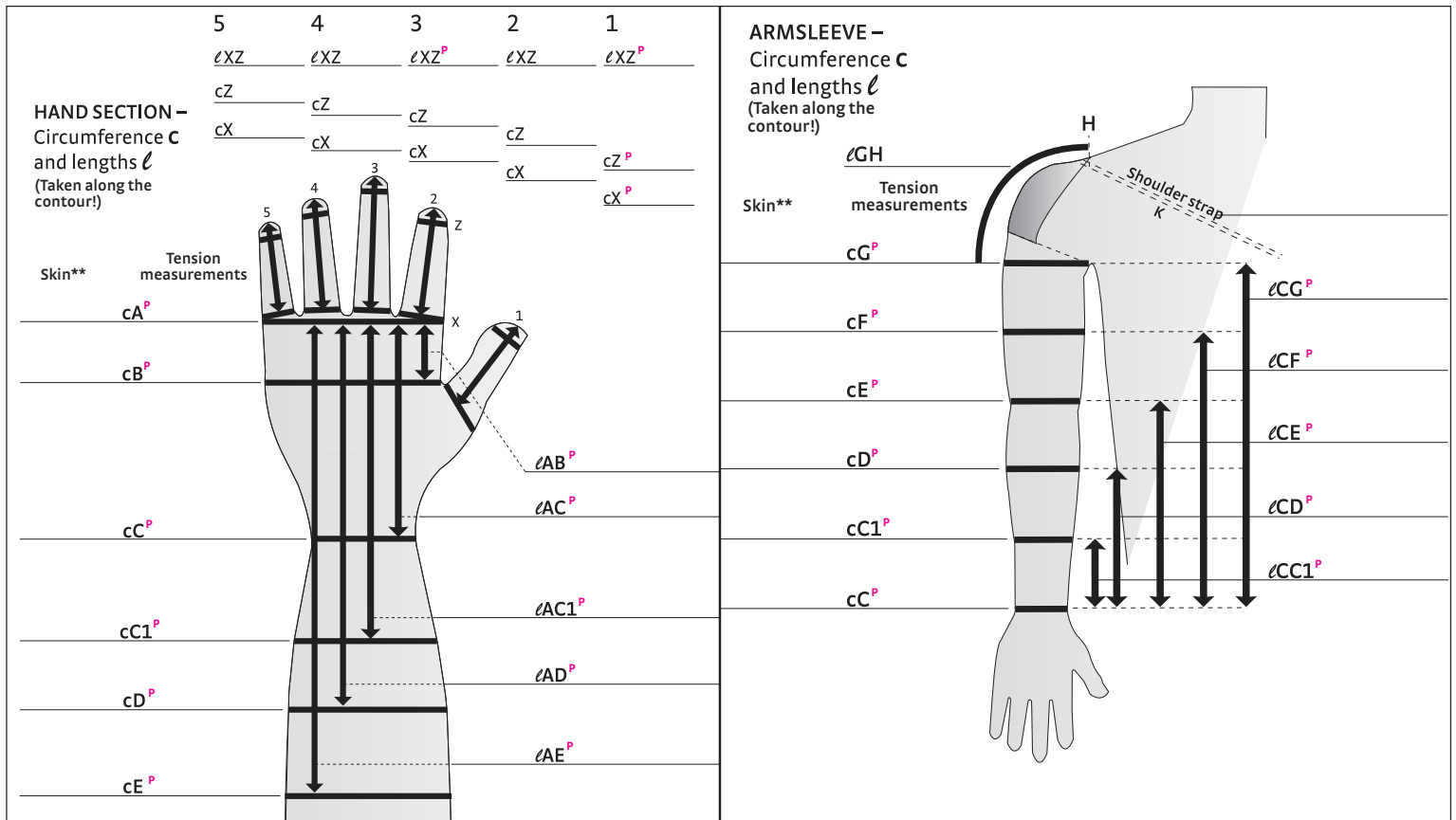
Fitter First Name: \_\_\_\_\_

Fitter Title: \_\_\_\_\_

(example: PT/OT/PTA)

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

**Page 1 of 2 (remember to fax with page 2)**



<sup>P</sup>Measurement required for circaid profile    <sup>\*\*</sup>Skin measurements optional.

**mediven flat knit arm & hand**

Material	Compression (CCL)	Standard Colors	Trend Colors*	Qty.	Side	Handpiece
<input type="checkbox"/> mediven 550 <input type="checkbox"/> mediven mondi 350	<b>CCL<sup>1</sup></b> 15-21 mmHg <b>CCL<sup>2</sup></b> 23-32 mmHg <b>CCL<sup>3</sup></b> 34-46 mmHg Hand piece <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Arm Sleeve <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Caramel <input type="checkbox"/> Sand <input type="checkbox"/> Cashmere <input type="checkbox"/> Navy <input type="checkbox"/> Black <input type="checkbox"/> Anthracite	<input type="checkbox"/> medi Magenta <input type="checkbox"/> Blue-Jeans <input type="checkbox"/> Cherry-Red <input type="checkbox"/> Violet <input type="checkbox"/> Grey	hand pcs: _____ arm pcs: _____	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> gauntlet <input type="checkbox"/> glove <input type="checkbox"/> Open fingers <input type="checkbox"/> Closed fingers

Style	Proximal Ending
<b>Hand piece</b> <input type="checkbox"/> AC1 <input type="checkbox"/> AD/AE	<input type="checkbox"/> Straight (Porous 2cm) (Standard) <input type="checkbox"/> Flat oblique <input type="checkbox"/> Steep oblique <input type="checkbox"/> Flat oblique (Standard) <input type="checkbox"/> Steep oblique <input type="checkbox"/> Straight

Style <small>circle length choice</small>	Proximal Ending
<b>Armsleeve</b> <input type="checkbox"/> CG/ CD/CE/CF <small>CG is default</small> <input type="checkbox"/> AF/AG (1-PC)	<input type="checkbox"/> Flat oblique (Standard) <input type="checkbox"/> Steep oblique <input type="checkbox"/> Straight <input type="checkbox"/> Flat oblique (Standard) <input type="checkbox"/> Steep oblique <input type="checkbox"/> Straight




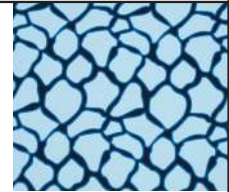
Topband
<input type="checkbox"/> Narrow 2.5 cm beaded <input type="checkbox"/> Wide 5 cm beaded <input type="checkbox"/> Sensitive 5 cm microdot <input type="checkbox"/> Motif 5 cm beaded <input type="checkbox"/> Rose 5 cm solid <input type="checkbox"/> None

Accessories		
Position	Topband Piece <small>(sewn into the garment)</small> Sizes	Anti-slip dots <small>(applied directly to the garment)</small> Fixed size
<input type="checkbox"/> Along the oblique border <input type="checkbox"/> On the palm	<input type="checkbox"/> 5 X 2.5 cm <input type="checkbox"/> 5 X 5 cm <input type="checkbox"/> 5 X 10 cm <input type="checkbox"/> 15 X 2.5 cm <input type="checkbox"/> 5 X 5 cm	<input type="checkbox"/> 6 X 4.5 cm <input type="checkbox"/> 6 X 4.5 cm
<b>Design Elements:</b> <input type="checkbox"/> Live Laugh Love <input type="checkbox"/> Timeless <input type="checkbox"/> Sportive		
<b>Crystal Motifs:</b> Location: <input type="checkbox"/> Lower arm <input type="checkbox"/> Upper arm Pattern: <input type="checkbox"/> Crystal <input type="checkbox"/> Pearl <input type="checkbox"/> Roségold		
Design Elements and Crystal Motifs cannot be combined.		

Other Accessories	Shoulder Attachments
Knitting marks at elbow: <input type="checkbox"/> 160° (standard) <input type="checkbox"/> 150° <input type="checkbox"/> 135° <input type="checkbox"/> Elbow flexure functional zone (550 only) <input type="checkbox"/> Additional porous row ending (50% COMPRESSION) _____ cm	<input type="checkbox"/> Shoulder cap standard <input type="checkbox"/> Shoulder cap anatomical† _____ cm <input type="checkbox"/> Shoulder strap width: <input type="checkbox"/> 2.5 cm (adjustable) <input type="checkbox"/> 5 cm (velcro) <input type="checkbox"/> Bra attachment width of bra strap: _____ cm

<input type="checkbox"/> silk lining material Location: _____ (Please include drawing in Special Requests section) width _____ cm length _____ cm  <input type="checkbox"/> Lymphpad Location: _____ (Please include drawing in Special Requests section) width _____ cm length _____ cm  <input type="checkbox"/> Pocket (Please specify/draw in Special Requests) _____ length _____ width _____	<b>Special Requests:</b>          
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**circaid® profile**

Garment options	Oversleeve colors				
<b>Indicate sleeve length:</b> <input type="checkbox"/> A-G (default) <input type="checkbox"/> C-G <input type="checkbox"/> A-C1 <input type="checkbox"/> C-C1 <input type="checkbox"/> A-D <input type="checkbox"/> C-D <input type="checkbox"/> A-E <input type="checkbox"/> C-E <input type="checkbox"/> A-F <input type="checkbox"/> C-F	<b>Indicate side:</b> <input type="checkbox"/> Left <input type="checkbox"/> Right <b>Options:</b> <input type="checkbox"/> No thumb <input type="checkbox"/> No lateral rise <input type="checkbox"/> Finger foam zones <input type="checkbox"/> Fused EZ-on system <input type="checkbox"/> High-energy oversleeve** <input type="checkbox"/> Split sleeve	 midnight (default) Quantity _____	 magenta Quantity _____	 grey Quantity _____	 blue giraffe Quantity _____

\*Requires 5 additional working days for production. †Measure shoulder width from front to back, around the arm  
 \*\* Includes Fused EZ-on system