

mediven® flat-knit lower extremity-Custom Order Form



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

| Circumferences c – left | | Circumferences c – right | |
|-------------------------|----------------------|--------------------------|--------|
| Skin** | Tension measurements | Tension measurements | Skin** |
| cT | | | |
| cH | | | |
| cK | | | |
| cG | | | cG |
| cF | | | cF |
| cE | | | cE |
| cD | | | cD |
| cC | | | cC |
| cB1 | | | cB1 |
| cB | | | cB |
| cY | | | cY |
| cA | | | cA |

| Lengths ℓ (Taken along the contour; all landmarks from floor) (length of T required for thigh high with waist attachment) | | |
|---|--|---|
| ℓK1T | | |
| ℓH | | |
| ℓK1 | | |
| left | | right |
| ℓG | | ℓK2 |
| ℓF | | ℓE1 Pit of knee (1cm below E) |
| ℓE | | left right |
| ℓD | | Required for accessories "E knitting mark" or "flexure functional zone knee": |
| ℓC | | WEIGHT BEARING |
| ℓB1 | | Left Foot Right Foot |
| ℓB | | ℓAi _____ cm ℓAi _____ cm ℓA _____ cm ℓA _____ cm ℓZ _____ cm ℓZ _____ cm |

*Please specify/draw the exact area in the notes. **Requires 5 additional working days for production. **Skin measurements optional.

| Material | Compression CCL 1 2 3 4 | Standard colors | Trend colors* | Quantity | Foot |
|---|--|--|---|--|---|
| <input type="checkbox"/> mediven mondi 350 (CCL 1,2,3) <input type="checkbox"/> mediven cosy 450 (CCL 1,2,3) <input type="checkbox"/> mediven 550 (CCL 1,2,3,4) | Panty section <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Left leg <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Right leg <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 = 18-21 mmHg 2 = 23-32 mmHg 3 = 34-46 mmHg 4 = 49-60 mmHg | <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"/> medi Magenta <input type="checkbox"/> Cherry-red <input type="checkbox"/> Blue-Jeans <input type="checkbox"/> Violet <input type="checkbox"/> Grey | <input type="checkbox"/> Left _____ <input type="checkbox"/> Right _____ <input type="checkbox"/> Pair _____ | <input type="checkbox"/> closed toe <input type="checkbox"/> varus toe ease zone (except mondi 350) left right <input type="checkbox"/> netting (550 only) <input type="checkbox"/> open toe <input type="checkbox"/> with seamless toe cap <input type="checkbox"/> hallux ease (except mondi 350) left right |

| Variations | Proximal border | Accessories | Waist | Gusset | Suspensory |
|--|--|---|--|--|------------|
| <input type="checkbox"/> below knee (AD) <input type="checkbox"/> thigh-length (AG) (K2 required) <input type="checkbox"/> pantyhose (AT) <input type="checkbox"/> men's leotard (ATH) <input type="checkbox"/> maternity panty (ATU) <input type="checkbox"/> one-legged panty (ATE) <input type="checkbox"/> BT/B1T/CT/ET/FT | <input type="checkbox"/> standard oblique <input type="checkbox"/> steep oblique <input type="checkbox"/> straight | <input type="checkbox"/> Extension to sole of foot <input type="checkbox"/> Y knitting mark at the heel <input type="checkbox"/> E knitting mark at the knee <input type="checkbox"/> flexure functional zone knee (except mondi 350) <input type="checkbox"/> extra leg length (K1 needed) | <input type="checkbox"/> perforated tape (adjustable) <input type="checkbox"/> waistband <input type="checkbox"/> knitted border <input type="checkbox"/> silicone dot topband <input type="checkbox"/> Velcro | <input type="checkbox"/> tricot (standard) <input type="checkbox"/> netting length _____ cm <input type="checkbox"/> compressive width _____ cm <input type="checkbox"/> Gluteal shaper (except mondi 350) Zipper from landmark _____ to landmark _____ <input type="checkbox"/> anterior <input type="checkbox"/> posterior <input type="checkbox"/> medial <input type="checkbox"/> lateral | |

| Other accessories | | |
|--|--|---|
| Position | Topband piece | Anti-slip dots Fixed size |
| <input type="checkbox"/> along the oblique border <input type="checkbox"/> lengthways over E <input type="checkbox"/> rear over seam <input type="checkbox"/> on the sole | <input type="checkbox"/> 15 x 5 cm <input type="checkbox"/> 8 x 5 cm <input type="checkbox"/> 8 x 5 cm <input type="checkbox"/> 5 x 5 cm | <input type="checkbox"/> 10 x 4.5 cm <input type="checkbox"/> 10 x 4.5 cm <input type="checkbox"/> 10 x 4.5 cm <input type="checkbox"/> 6 x 4.5 cm |
| Silver <input type="checkbox"/> "Y" to C <input type="checkbox"/> "Y" to D <input type="checkbox"/> "Y" to G <input type="checkbox"/> "A" to C <input type="checkbox"/> "A" to D <input type="checkbox"/> "A" to G (only mediven mondi) <input type="checkbox"/> left <input type="checkbox"/> right | <input type="checkbox"/> Lymphpad† <input type="checkbox"/> Silk Lining† <input type="checkbox"/> Pocket† <input type="checkbox"/> Levamed† right <input type="checkbox"/> inside <input type="checkbox"/> outside <input type="checkbox"/> Permanent left <input type="checkbox"/> inside <input type="checkbox"/> outside <input type="checkbox"/> Removable | |
| Silicone Topband | | |
| Silicone dot topband <input type="checkbox"/> narrow 2.5 cm <input type="checkbox"/> wide 5 cm <input type="checkbox"/> Motif 5 cm beaded <input type="checkbox"/> Sensitive 5 cm microdot <input type="checkbox"/> Rose 5 cm solid | | |

| Design-Elements (except mondi 350) | <input type="checkbox"/> Stars <input type="checkbox"/> Pyramids <input type="checkbox"/> Ribs |
|--------------------------------------|---|
| Fashion-Elements* (except mondi 350) | Colors <input type="checkbox"/> Berry <input type="checkbox"/> Grey <input type="checkbox"/> Pink <input type="checkbox"/> Lilac Pattern <input type="checkbox"/> Crosses <input type="checkbox"/> Ornaments <input type="checkbox"/> Animal <input type="checkbox"/> Flower |
| Swarovski® Crystals: | Location <input type="checkbox"/> Left ankle <input type="checkbox"/> Right ankle Pattern <input type="checkbox"/> Crystal <input type="checkbox"/> Pearl <input type="checkbox"/> Roségold |

| Special requests |
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