



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



## Custom Flat Knit Leg Stocking Measurement Form

**MATERIAL** 1

MONDI SILVER (CCL 1, 2,3)  
 Y to C  Y to D  Y to G  
 MONDI (CCL 1, 2,3)  
 550 (CCL 1,2,3,4)  
*Ideal for lymphedema*

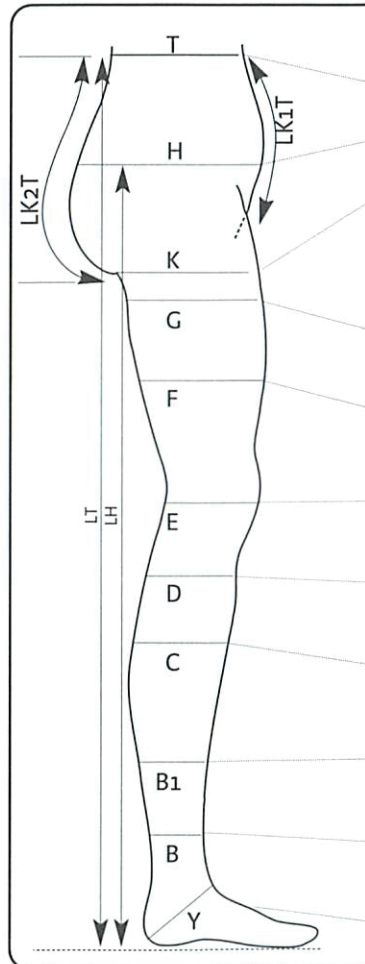
**STYLE**

Below Knee  Thigh-High  
 Pantyhose  
 Thigh w/waist attachment  
 One-Leg Panty  
 Bicycle Shorts (T to F)  
 Capri Shorts (T to C)  
 Leggings (T to B)  
 Men's Leotard  
 w/fly  
 Maternity Panty (slight compression panel)  
*550 only*

COMPRESSION	CCL I 18-21mm/Hg	CCL II 23-32mm/Hg	CCL III 34-46mm/Hg	CCL IV <sup>2</sup> 49-60mm/Hg
Panty Section				
Left Leg				
Right Leg				

**QUANTITY/COLOR** 3

\_\_\_ Left \_\_\_ Right \_\_\_ Pair  
 \_\_\_ Caramel \_\_\_ Black  
 \_\_\_ Anthracite \_\_\_ Sand  
 \_\_\_ Dark Brown \_\_\_ Navy



**CIRCUMFERENCES** 4

cT	cm
cH	cm
cK (around both legs)	cm
LEFT	RIGHT
cG	cm
cF	cm
cE	cm
cD	cm
cC	cm
cB1	cm
cB	cm
cY	cm

**LENGTHS** 5

LT (straight line)	LK1T
LH (straight line)	LK2T
LEFT	RIGHT
LG	cm
LF	cm
LE	cm
LD	cm
LC	cm
LB1	cm
LB	cm

**REQUIRED FOR THIGH & PANTY/WAIST** 6

FRONT

LK1 (pubic bone to floor)

\_\_\_\_\_ cm

**REQUIRED FOR THIGH & PANTY/WAIST** 7

BACK

LK2 (gluteal fold to floor)

\_\_\_\_\_ cm

**REQUIRED FOR THIGH & PANTY/WAIST WITH E-KNITTING MARK OPTION** 8

BACK

E1 (popliteal crease to floor)

\_\_\_\_\_ cm (straight line)

**WEIGHT BEARING** *(must complete all)* 9

Left foot Right foot

cA \_\_\_\_\_ cm cA \_\_\_\_\_ cm  
 LAi \_\_\_\_\_ cm LAi \_\_\_\_\_ cm  
 LA \_\_\_\_\_ cm LA \_\_\_\_\_ cm  
 LZ \_\_\_\_\_ cm LZ \_\_\_\_\_ cm

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

