

mediven custom circular-knit lower extremity form

Fax Orders: 888-840-0939 Email: customs@mediusa.com



Exact Reorder (Order Number): _____

Customer Name _____ Date Measured _____

Customer No. _____ Purchase Order No. _____

Patient Name _____ Measured by _____

Bill to _____

Ship to _____

Telephone _____ Fax _____

Order Date _____ Email _____

Credit Card Info _____

Shipping Method Ground OR Express (Express not available for chocolate and wheat color options.)
 Second Day Next Day

Contact for Confirmations (select one): Email _____ Fax _____

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	
g	cm	g	cm		t	cm	t	cm			
f	cm	f	cm		h	cm	h	cm	LK1T	cm	
e	cm	e	cm		k	cm	k	cm	LK2T	cm	
d	cm	d	cm		g	cm	g	cm	Thigh Below Knee Thigh w/Waist Attz/Maternity Panty/Men's Leotard	t	cm
c	cm	c	cm		f	cm	f	cm		h	cm
b1	cm	b1	cm		e	cm	e	cm		k	cm
b	cm	b	cm		d	cm	d	cm		h	cm
y	cm				c	cm	c	cm		k	cm
a	cm				b1	cm	b1	cm		g	cm
					b	cm	b	cm		f	cm
										e	cm
										d	cm
										c	cm
									b1	cm	
									b	cm	
								y	cm		
								a	cm		
								z	cm		

Height measurement is from each marked body location to floor

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 at widest part of hips

k Measurement around both legs at level of gluteal fold

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 widest part of calf

b Measurement just above ankle bone

y Measurement diagonally around heel over widest part of top of ankle

a Measurement circumference of ball of foot

z Measurement from heel to toe for Closed-toe stockings (enter below) or from heel to ball of foot for Open-toe stockings

z Foot Requirement (choose one):
 Closed-Toe: full foot length is _____ cm
 Open-Toe: length from heel to ball of foot is _____ cm

mediven comfort

quantity	compression	toe	colors	styles	silicone top band
_____ left _____ right _____ pairs	<input type="checkbox"/> 20-30 mmHg <input type="checkbox"/> 30-40 mmHg	<input type="checkbox"/> closed toe <input type="checkbox"/> open toe	<input type="checkbox"/> natural <input type="checkbox"/> ebony <input type="checkbox"/> wheat <input type="checkbox"/> sandstone <input type="checkbox"/> navy <input type="checkbox"/> chocolate	<input type="checkbox"/> calf <input type="checkbox"/> thigh <input type="checkbox"/> panty <input type="checkbox"/> maternity panty	<input type="checkbox"/> No topband A-D (calf) <input type="checkbox"/> beaded 2.5cm <input type="checkbox"/> beaded 5cm <input type="checkbox"/> sensitive 5cm A-G (thigh) <input type="checkbox"/> beaded 5cm <input type="checkbox"/> sensitive 5cm

mediven plus

quantity	compression	toe	colors	styles
_____ left _____ right _____ pairs	<input type="checkbox"/> 20-30 mmHg <input type="checkbox"/> 30-40 mmHg <input type="checkbox"/> 40-50 mmHg	<input type="checkbox"/> closed toe <input type="checkbox"/> open toe	<input type="checkbox"/> beige <input type="checkbox"/> black	<input type="checkbox"/> calf <input type="checkbox"/> thigh <input type="checkbox"/> thigh w/waist attachment <input type="checkbox"/> panty <input type="checkbox"/> panty w/one leg <input type="checkbox"/> maternity panty <input type="checkbox"/> men's leotard <input type="checkbox"/> bike shorts <input type="checkbox"/> capri <input type="checkbox"/> leggings <input type="checkbox"/> panty w/one leg below knee, one full leg <input type="checkbox"/> leg sleeves <input type="checkbox"/> bilateral thigh with waist attachment
silicone top band		compressive panty¹		options
<input type="checkbox"/> No topband A-D (calf) <input type="checkbox"/> beaded 2.5cm <input type="checkbox"/> beaded 5cm <input type="checkbox"/> sensitive 5cm		<input type="checkbox"/> 20-30 mmHg <input type="checkbox"/> 30-40 mmHg <input type="checkbox"/> 40-50 mmHg		<input type="checkbox"/> open crotch (waist-high only)

mediven forte

quantity	compression	toe	colors	styles
_____ left _____ right _____ pairs	<input type="checkbox"/> 30-40 mmHg <input type="checkbox"/> 40-50 mmHg	<input type="checkbox"/> closed toe <input type="checkbox"/> open toe	<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"/> grey <input type="checkbox"/> beige* <input type="checkbox"/> chestnut* <input type="checkbox"/> russet-red* <input type="checkbox"/> light-blue* <input type="checkbox"/> sage-green* <input type="checkbox"/> lilac*	<input type="checkbox"/> calf <input type="checkbox"/> thigh <input type="checkbox"/> thigh w/waist attachment <input type="checkbox"/> panty <input type="checkbox"/> panty w/one leg <input type="checkbox"/> maternity panty <input type="checkbox"/> men's leotard <input type="checkbox"/> bike shorts <input type="checkbox"/> capri <input type="checkbox"/> leggings <input type="checkbox"/> panty w/one leg below knee, one full leg
silicone top band		compressive panty¹		options
<input type="checkbox"/> No topband A-D (calf) <input type="checkbox"/> beaded 2.5cm <input type="checkbox"/> beaded 5cm <input type="checkbox"/> sensitive 5cm		<input type="checkbox"/> slightly <input type="checkbox"/> moderate <input type="checkbox"/> high (avail. 40-50 mmHg only)		<input type="checkbox"/> open crotch (waist-high only) <input type="checkbox"/> soft toe (netting) <input type="checkbox"/> hallux valgus toe section (closed toe only) <input type="checkbox"/> Anti-slip-segments foot
A-G (thigh) <input type="checkbox"/> beaded 5cm <input type="checkbox"/> sensitive 5cm <input type="checkbox"/> Motif 5cm beaded <input type="checkbox"/> Rose 5cm solid		<input type="checkbox"/> Crystal Motifs <input type="checkbox"/> unilateral OR <input type="checkbox"/> bilateral		Pattern <input type="checkbox"/> proud <input type="checkbox"/> wind <input type="checkbox"/> trio

mediven angio - calf (closed toe)

quantity	compression	colors
_____ left _____ right _____ pairs	<input type="checkbox"/> 15-20 mmHg <input type="checkbox"/> 20-30 mmHg	<input type="checkbox"/> caramel <input type="checkbox"/> black

*Requires 10 additional working days for production. ¹Panty compression may not be greater than legs. Exact mmHg not measurable.