

mediven[®] flat-knit lower extremity & circaid[®] profile- Custom Order Form



Fax order to 1-888-840-0939 email customs@mediusa.com

Customer Name _____

 Account # _____
 P.O.# _____
 Patient Name _____

 Date Measured _____
 Measured By _____
 Exact Reorder Number _____
 NPI _____
 Physicians Signature _____
 Physicians Signature(Printed) _____

 Date _____

Diagnosis: ICD-10 - check all that apply

- I89.0 Lymphedema, not elsewhere classified
- I97.2 Postmastectomy lymphedema syndrome
- I97.89 Other postprocedural complications and disorders of the circulatory system, not elsewhere classified
- Q82.0 Hereditary lymphedema

Bill to: _____

Ship to: _____

Notes: _____

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

Lengths ℓ (Taken along the contour; all landmarks from floor)
 (length of T[†] required for thigh high with waist attachment)

$\ell K1T$ ℓT^{\dagger} $\ell K2T$
 ℓH
 $\ell K1$ right $\ell K2^1$
 ℓG^P
 ℓF^P $\ell E1$ Pit of knee (at least 1cm below E)
 ℓE^P left right
 ℓD^P
 ℓC^P
 $\ell B1^P$
 ℓB^P

Required for accessories "E knitting mark" or "flexure functional zone knee".

WEIGHT BEARING

Left Foot	ℓA^P _____ cm	Right Foot	ℓA^P _____ cm
	ℓAi^P _____ cm		ℓAi^P _____ cm
	ℓZ^P _____ cm		ℓZ^P _____ cm

**Skin measurements optional. ^PMeasurement required for circaid profile
¹Required for all thigh-high and above garments.

Patient Name _____

Material	Compression CCL 1 2 3 4	Standard colors	Trend colors	Quantity	Foot
<input type="checkbox"/> mondi 350 (CCL 1,2,3) <input type="checkbox"/> 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"/> medi Magenta* <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"/> Chestnut*	<input type="checkbox"/> Russet-red* <input type="checkbox"/> Light-blue* <input type="checkbox"/> Sage-green* <input type="checkbox"/> Lilac*	<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 or cosy lateral seam) <input type="checkbox"/> netting (550 only) <input type="checkbox"/> open toe <input type="checkbox"/> left <input type="checkbox"/> right <input type="checkbox"/> hallux ease (except mondi 350) <input type="checkbox"/> left <input type="checkbox"/> right <input type="checkbox"/> toe cap ² (attached) <input type="checkbox"/> left <input type="checkbox"/> right

Variations	Proximal border	Accessories	Waist band	Gusset (women) / Suspensory (men)
<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"/> BTH/B1T/B1TH/CT/ET/FT	<input type="checkbox"/> standard oblique <input type="checkbox"/> steep oblique <input type="checkbox"/> straight Lateral seam (Not available in toe caps or waist attachment) <input type="checkbox"/> cosy 450 <input type="checkbox"/> mediven 550	<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"/> Velcro <input type="checkbox"/> silicone dot topband <input type="checkbox"/> Sensitive 5 cm microdot	<input type="checkbox"/> tricot (standard) _____ <input type="checkbox"/> netting _____ <input type="checkbox"/> compressive _____ length cm _____ 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

Silicone Topband		
<input type="checkbox"/> wide dot 5 cm	<input type="checkbox"/> narrow dot 2.5 cm	<input type="checkbox"/> no topband
<input type="checkbox"/> Motif 5 cm beaded	<input type="checkbox"/> Sensitive 5 cm microdot	<input type="checkbox"/> Rose 5 cm solid

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 <input type="checkbox"/> left <input type="checkbox"/> right
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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

Design-Elements	<input type="checkbox"/> Stripes* <input type="checkbox"/> Nature* <input type="checkbox"/> Bloom* <input type="checkbox"/> Wild* (single-color pattern) Not available in mondi 350
Fashion-Elements	<input type="checkbox"/> Stripes* <input type="checkbox"/> Nature* <input type="checkbox"/> Bloom* <input type="checkbox"/> Wild* (two-toned pattern) Not available in mondi 350

Crystal Motifs:	Location <input type="checkbox"/> Left ankle <input type="checkbox"/> Right ankle Pattern <input type="checkbox"/> Proud <input type="checkbox"/> Wind <input type="checkbox"/> Trio Crystal Motifs cannot be combined with Design Elements, Fashion Elements, cosy lateral seam or 550 lateral seam.
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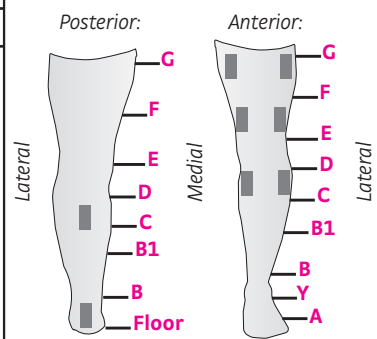
<input type="checkbox"/> silk lining material Location: _____ (Please include drawing in Special Requests section) width _____ cm length _____ cm
<input type="checkbox"/> Lymphpad Location: _____ (Please include drawing in Special Requests section) width _____ cm length _____ cm
<input type="checkbox"/> Pocket (Please specify/draw in Special Requests section) _____ length _____ width

Levamed	<input type="checkbox"/> left <input type="checkbox"/> medial <input type="checkbox"/> lateral <input type="checkbox"/> permanent <input type="checkbox"/> removable <input type="checkbox"/> right <input type="checkbox"/> medial <input type="checkbox"/> lateral <input type="checkbox"/> permanent <input type="checkbox"/> removable
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Accessories:	<input type="checkbox"/> medi Butler <input type="checkbox"/> medi donning gloves Other: _____
Special Requests:	_____ _____ _____

circaid® profile

Style		Options		Oversleeve
Sleeve Length:	Side: Quantity	Adjustable Band Type:	Foam Sleeve Options:	Oversleeve Color Options:
<input type="checkbox"/> A-G <input type="checkbox"/> A-F <input type="checkbox"/> A-E <input type="checkbox"/> A-D <input type="checkbox"/> B-G <input type="checkbox"/> B-F <input type="checkbox"/> B-E <input type="checkbox"/> B-D <input type="checkbox"/> Other Starting landmark _____ Ending landmark _____	<input type="checkbox"/> Left: _____ <input type="checkbox"/> Right: _____ Foam: <input type="checkbox"/> Classic Foam (default) <input type="checkbox"/> Soft Foam Thickness: <input type="checkbox"/> Classic Channel (default) <input type="checkbox"/> Slim Channel	<input type="checkbox"/> EZ-band <input type="checkbox"/> EZ-band lift Adjustable Band Pull Direction: <input type="checkbox"/> Outward (default) <input type="checkbox"/> Inward (not compatible with foot, available between B and G landmarks only) Adjustable Band Placement: <input type="checkbox"/> Entire sleeve (default) <input type="checkbox"/> Other Starting landmark _____ Ending landmark _____ Foot Ending: <input type="checkbox"/> Tacked (default) <input type="checkbox"/> Untacked	<input type="checkbox"/> EZ-grip sole on foot <input type="checkbox"/> Extend foot to end of toes <input type="checkbox"/> No lateral rise at G <input type="checkbox"/> Lateral rise at D (5cm default) <input type="checkbox"/> Custom Lateral Rise Height (0-15cm) _____ cm <input type="checkbox"/> Extra EZ-on Tabs Quantity: _____ Mark placement of additional tabs on image, included tabs are marked.	<input type="checkbox"/> No Oversleeve <input type="checkbox"/> midnight Quantity _____ <input type="checkbox"/> magenta Quantity _____ <input type="checkbox"/> blue giraffe Quantity _____ Oversleeve Options: <input type="checkbox"/> EZ-grip sole on foot <input type="checkbox"/> High-energy oversleeve (not combinable with Fused EZ-on system) <input type="checkbox"/> Fused EZ-on system



*Toe Cap order form required. *Requires 10 additional working days for production.