

# mediven<sup>®</sup>

## flat-knit arm, hand & circaid profile- Custom Order Form



Fax order to 1-888-840-0939 email [customs@mediusa.com](mailto:customs@mediusa.com)

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

Bill to: \_\_\_\_\_

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

\_\_\_\_\_

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

Ship to: \_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

Notes: \_\_\_\_\_

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

\_\_\_\_\_

NPI \_\_\_\_\_

\_\_\_\_\_

Physicians Signature \_\_\_\_\_

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Physicians Signature(Printed) \_\_\_\_\_

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Date \_\_\_\_\_

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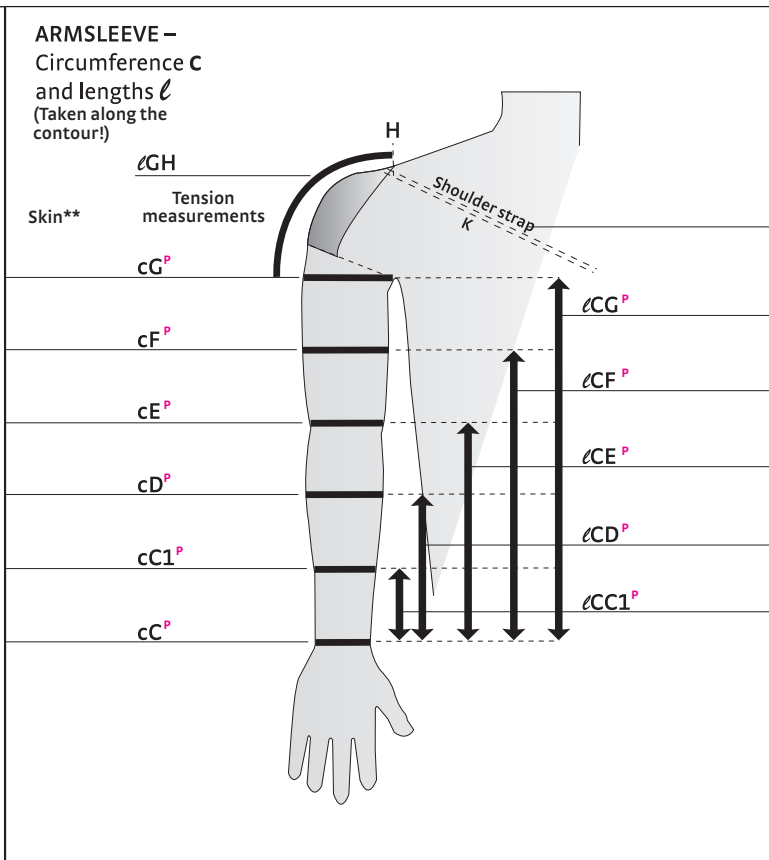
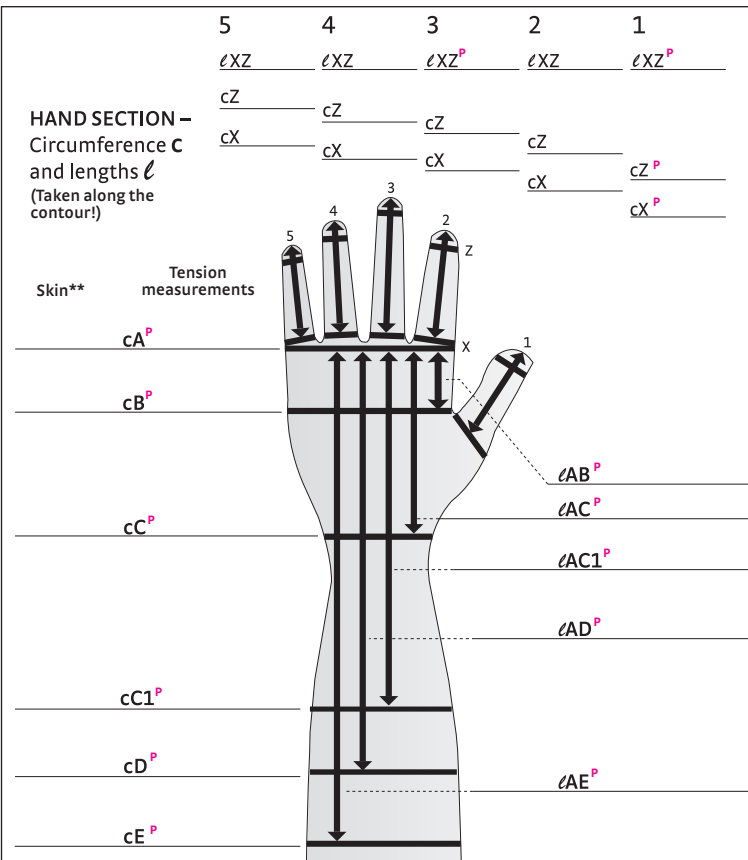
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### Page 1 of 2 (remember to fax with page 2)

### 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



<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"/> mondi esprit 350 SL glove <input type="checkbox"/> mondi esprit 350 <input type="checkbox"/> mediven 550	<b>CCL<sup>1</sup></b> <b>CCL<sup>2</sup></b> <b>CCL<sup>3</sup></b> <sup>1</sup> 15-21 mmHg <sup>2</sup> 23-32 mmHg <sup>3</sup> 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"/> 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*	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

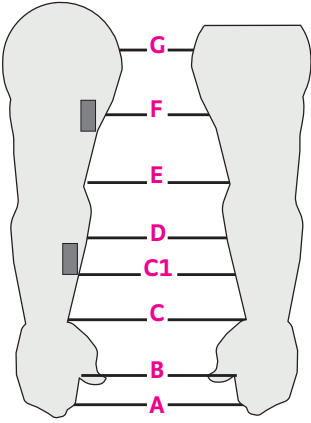
Style	Proximal Ending	Style <small>circle length choice</small>	Proximal Ending
<b>Hand piece</b> <input type="checkbox"/> AC1 <input type="checkbox"/> AD/AE	<input type="checkbox"/> Straight (Porous 2cm) (Standard) <input type="checkbox"/> Flat oblique <input type="checkbox"/> Steep oblique <input type="checkbox"/> Flat oblique (Standard) <input type="checkbox"/> Steep oblique <input type="checkbox"/> Straight	<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	Accessories						
<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	<table border="1"> <tr> <th>Position</th> <th>Topband Piece (sewn into the garment) Sizes</th> <th>Anti-slip dots (applied directly to the garment) Fixed size</th> </tr> <tr> <td> <input type="checkbox"/> Along the oblique border  <input type="checkbox"/> On the palm                 </td> <td> <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 <b>Not available in mondi esprit 350 SL glove</b> </td> <td> <input type="checkbox"/> 6 X 4.5 cm  <input type="checkbox"/> 6 X 4.5 cm                 </td> </tr> </table> <p> <b>Design Elements:</b> (single-color pattern) <input type="checkbox"/> Stripes* <input type="checkbox"/> Nature* <input type="checkbox"/> Bloom* <input type="checkbox"/> Wild*  <small>Not available in mondi esprit 350 SL glove</small> </p> <p> <b>Fashion Elements:</b> (two-toned pattern) <input type="checkbox"/> Stripes* <input type="checkbox"/> Nature* <input type="checkbox"/> Bloom* <input type="checkbox"/> Wild*  <small>Not available in mondi esprit 350 SL glove</small> </p> <p> <b>Crystal Motifs:</b> Location: <input type="checkbox"/> Lower arm <input type="checkbox"/> Upper arm Pattern: <input type="checkbox"/> Proud <input type="checkbox"/> Wind <input type="checkbox"/> Trio             </p> <p><small>Crystal Motifs cannot be combined with Design Elements, Fashion Elements or mondi esprit 350 SL glove.</small></p>	Position	Topband Piece (sewn into the garment) Sizes	Anti-slip dots (applied directly to the garment) 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 <b>Not available in mondi esprit 350 SL glove</b>	<input type="checkbox"/> 6 X 4.5 cm <input type="checkbox"/> 6 X 4.5 cm
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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 <input type="checkbox"/> Smart-Touch (mondi esprit 350 SL glove closed fingers 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 <input type="checkbox"/> Pocket Location: _____ (Please include drawing in Special Requests section) width _____ cm length _____ cm <b>Only available on palm or back of hand for mondi esprit 350 SL glove.</b>	<b>Donning Accessories:</b> <input type="checkbox"/> medi Butler <input type="checkbox"/> medi donning gloves Other: _____	<b>Special Requests:</b>
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**circaid® profile**

Style:	Options:	Oversleeve colors:												
<table border="1"> <tr> <th>Sleeve length:</th> <th>Side: Quantity</th> </tr> <tr> <td> <input type="checkbox"/> A-G (default)  <input type="checkbox"/> A-C1 (gauntlet)  <input type="checkbox"/> C-G  <input type="checkbox"/> Other                      Starting landmark _____                      Ending landmark _____                 </td> <td> <input type="checkbox"/> Left _____  <input type="checkbox"/> Right _____  <b>Foam:</b>  <input type="checkbox"/> Classic (default) Foam  <input type="checkbox"/> Soft Foam                 </td> </tr> <tr> <th>Designed to wear together, split sleeve style.<sup>4</sup></th> <th>Thickness:</th> </tr> <tr> <td> <input type="checkbox"/> A-C1 (glove)  <input type="checkbox"/> C1-G (arm sleeve)                 </td> <td> <input type="checkbox"/> Classic (default) Channel  <input type="checkbox"/> Slim Channel                 </td> </tr> </table>	Sleeve length:	Side: Quantity	<input type="checkbox"/> A-G (default) <input type="checkbox"/> A-C1 (gauntlet) <input type="checkbox"/> C-G <input type="checkbox"/> Other Starting landmark _____ Ending landmark _____	<input type="checkbox"/> Left _____ <input type="checkbox"/> Right _____ <b>Foam:</b> <input type="checkbox"/> Classic (default) Foam <input type="checkbox"/> Soft Foam	Designed to wear together, split sleeve style. <sup>4</sup>	Thickness:	<input type="checkbox"/> A-C1 (glove) <input type="checkbox"/> C1-G (arm sleeve)	<input type="checkbox"/> Classic (default) Channel <input type="checkbox"/> Slim Channel	<table border="1"> <tr> <th>Adjustable Band Type:</th> <th>Foam Sleeve Options:</th> </tr> <tr> <td> <input type="checkbox"/> EZ-band  <input type="checkbox"/> EZ-band lift  <b>Adjustable Band Pull Direction:</b>  <input type="checkbox"/> Outward (default)  <input type="checkbox"/> Inward  <b>Adjustable Band Placement:</b>  <input type="checkbox"/> Entire sleeve (default)  <input type="checkbox"/> Other                      Starting landmark _____                      Ending landmark _____  <input type="checkbox"/> Hand (default 3 bands)  <input type="checkbox"/> Hand Band  <input type="checkbox"/> Thumb Band  <input type="checkbox"/> Wrist Thumb Base Band                 </td> <td> <input type="checkbox"/> No thumb  <input type="checkbox"/> Finger foam zones  <input type="checkbox"/> Extended gauntlet  <input type="checkbox"/> Split sleeve<sup>4</sup>  <input type="checkbox"/> Custom Hand Length AB (≥3 cm) _____ cm  <input type="checkbox"/> Custom Lateral Rise (0-15cm) _____ cm  <input type="checkbox"/> No lateral rise  <input type="checkbox"/> Extra EZ-on Tabs                      Quantity: _____                      Mark placement of additional tabs on image, included tabs are marked.                 </td> </tr> </table> 	Adjustable Band Type:	Foam Sleeve Options:	<input type="checkbox"/> EZ-band <input type="checkbox"/> EZ-band lift <b>Adjustable Band Pull Direction:</b> <input type="checkbox"/> Outward (default) <input type="checkbox"/> Inward <b>Adjustable Band Placement:</b> <input type="checkbox"/> Entire sleeve (default) <input type="checkbox"/> Other Starting landmark _____ Ending landmark _____ <input type="checkbox"/> Hand (default 3 bands) <input type="checkbox"/> Hand Band <input type="checkbox"/> Thumb Band <input type="checkbox"/> Wrist Thumb Base Band	<input type="checkbox"/> No thumb <input type="checkbox"/> Finger foam zones <input type="checkbox"/> Extended gauntlet <input type="checkbox"/> Split sleeve <sup>4</sup> <input type="checkbox"/> Custom Hand Length AB (≥3 cm) _____ cm <input type="checkbox"/> Custom Lateral Rise (0-15cm) _____ cm <input type="checkbox"/> No lateral rise <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 _____ <b>Oversleeve Options:</b> <input type="checkbox"/> High-energy oversleeve <sup>4</sup> <input type="checkbox"/> Fused EZ-on system
Sleeve length:	Side: Quantity													
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