

# mediven® flat-knit toe caps - Custom Order Form

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



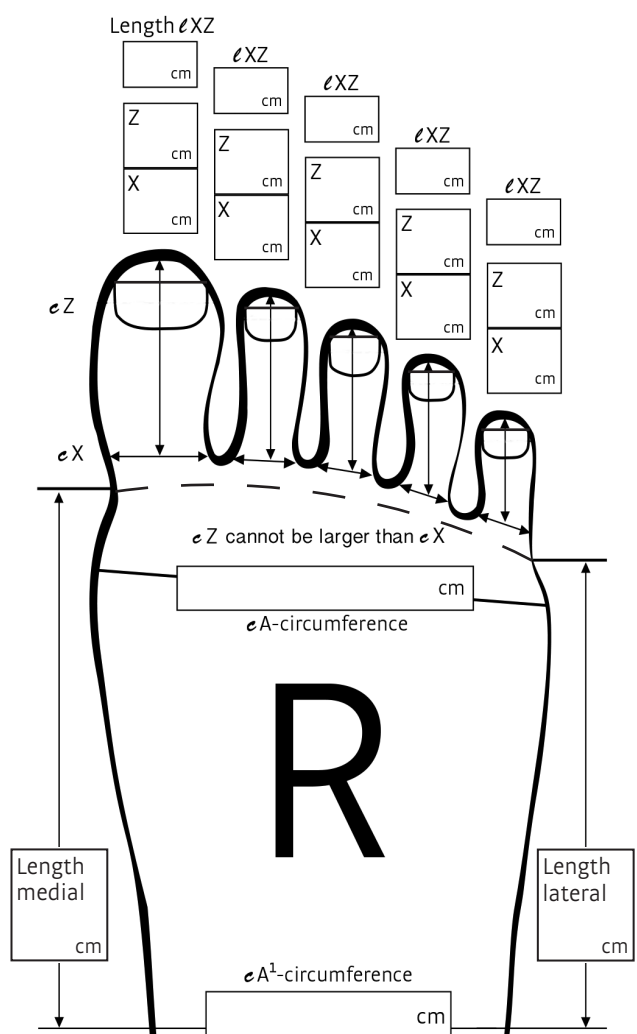
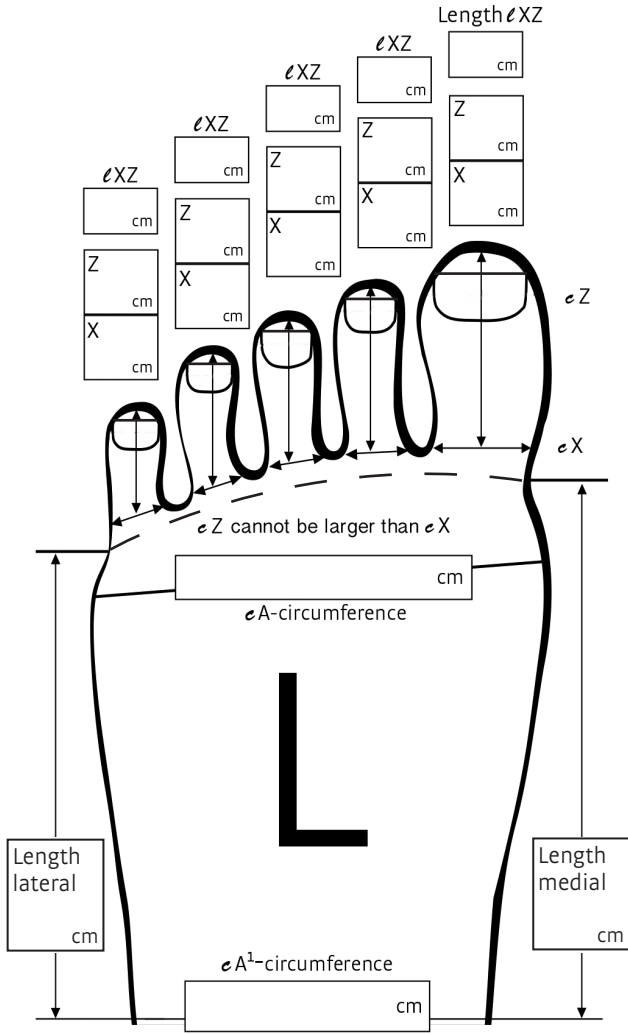
Customer Name \_\_\_\_\_ Account # \_\_\_\_\_

P.O.# \_\_\_\_\_ Patient Name \_\_\_\_\_ Date Measured \_\_\_\_\_

Measured By \_\_\_\_\_  Exact Reorder Number \_\_\_\_\_

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

NPI: \_\_\_\_\_ Physicians Signature: \_\_\_\_\_ Printed Physicians Signature: \_\_\_\_\_ Date: \_\_\_\_\_



\*Requires 10 additional working days for production.

<b>Foot</b>	<b>Material</b>	<b>Fashion Elements</b> (two-toned pattern) not available in mondi 350 or 550 SL
____ Left quantity	<b>mediven:</b> <input type="checkbox"/> 550 <input type="checkbox"/> mondi 350	<input type="checkbox"/> Stripes* <input type="checkbox"/> Nature* <input type="checkbox"/> Bloom* <input type="checkbox"/> Wild*
____ Right quantity	<input type="checkbox"/> cosy 450 <input type="checkbox"/> 550 SL (seamless)	<b>Design Elements</b> (single-color pattern) not available in mondi 350 or 550 SL
<b>Style (Choose One)</b>		<input type="checkbox"/> Stripes* <input type="checkbox"/> Nature* <input type="checkbox"/> Bloom* <input type="checkbox"/> Wild*
<input type="checkbox"/> <b>Attached toe cap</b> toe cap may be the same or lower CCL than stocking Not applicable to SL 550		<input type="checkbox"/> Seam on big toe side (individual toe cap only)
<input type="checkbox"/> <b>Individual toe cap</b>		<b>Compression:</b>
<b>Standard Colors:</b>		<input type="checkbox"/> CCL I (18-21 mmHg)
<input type="checkbox"/> medi Magenta <input type="checkbox"/> Sand <input type="checkbox"/> Caramel <input type="checkbox"/> Black		<input type="checkbox"/> CCL II (23-32 mmHg)
<input type="checkbox"/> Cashmere <input type="checkbox"/> Navy <input type="checkbox"/> Anthracite <input type="checkbox"/> Grey		<input type="checkbox"/> CCL III <sup>1</sup> (34-46 mmHg)
<input type="checkbox"/> Chestnut*		<b>Option:</b> (except mondi 350) (Seamless toe cap)
<b>Trend Colors:</b>		<input type="checkbox"/> Hallux Ease
<input type="checkbox"/> Russet-red* <input type="checkbox"/> Light-blue* <input type="checkbox"/> Sage-green*		<input type="checkbox"/> Varus Ease
<input type="checkbox"/> Lilac*		<b>Toe Options</b>
		<input type="checkbox"/> Open Toes
		<input type="checkbox"/> Closed Toes
		<input type="checkbox"/> Without Small Toe
		<b>Lymphpad (Optional)</b> Not applicable to SL 550
		____ Length (cm)
		____ Width (cm)
		____ Location

**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

550 only