

mediven® Flat Knit Lower Extremity- 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 _____

Bill to: _____ Ship to: _____

Please specify/draw the exact area in the notes. *Requires 5 additional working days for production. † Not available in-sensoo. **Skin measurements optional.

<p>Circumferences c – left</p> <table style="width:100%;"> <tr> <td style="width:50%; text-align: center;">Skin**</td> <td style="width:50%; text-align: center;">Tension measurements</td> </tr> <tr> <td style="width:50%; text-align: center;">cT</td> <td style="width:50%; text-align: center;">Tension measurements</td> </tr> <tr> <td style="width:50%; text-align: center;">cH</td> <td style="width:50%; text-align: center;">Skin**</td> </tr> <tr> <td style="width:50%; text-align: center;">cK</td> <td style="width:50%; text-align: center;">cG</td> </tr> <tr> <td style="width:50%; text-align: center;">cG</td> <td style="width:50%; text-align: center;">cF</td> </tr> <tr> <td style="width:50%; text-align: center;">cF</td> <td style="width:50%; text-align: center;">cE</td> </tr> <tr> <td style="width:50%; text-align: center;">cE</td> <td style="width:50%; text-align: center;">cD</td> </tr> <tr> <td style="width:50%; text-align: center;">cD</td> <td style="width:50%; text-align: center;">cC</td> </tr> <tr> <td style="width:50%; text-align: center;">cC</td> <td style="width:50%; text-align: center;">cB1</td> </tr> <tr> <td style="width:50%; text-align: center;">cB1</td> <td style="width:50%; text-align: center;">cB</td> </tr> <tr> <td style="width:50%; text-align: center;">cB</td> <td style="width:50%; text-align: center;">cY</td> </tr> <tr> <td style="width:50%; text-align: center;">cY</td> <td style="width:50%; text-align: center;">cA</td> </tr> <tr> <td style="width:50%; text-align: center;">cA</td> <td style="width:50%; text-align: center;">cA</td> </tr> </table>	Skin**	Tension measurements	cT	Tension measurements	cH	Skin**	cK	cG	cG	cF	cF	cE	cE	cD	cD	cC	cC	cB1	cB1	cB	cB	cY	cY	cA	cA	cA	<p>Circumferences c – right</p> <table style="width:100%;"> <tr> <td style="width:50%; text-align: center;">Skin**</td> <td style="width:50%; text-align: center;">Tension measurements</td> </tr> <tr> <td style="width:50%; text-align: center;">cG</td> <td style="width:50%; text-align: center;">Tension measurements</td> </tr> <tr> <td style="width:50%; text-align: center;">cF</td> <td style="width:50%; text-align: center;">Skin**</td> </tr> <tr> <td style="width:50%; text-align: center;">cE</td> <td style="width:50%; text-align: center;">cG</td> </tr> <tr> <td style="width:50%; text-align: center;">cD</td> <td style="width:50%; text-align: center;">cF</td> </tr> <tr> <td style="width:50%; text-align: center;">cC</td> <td style="width:50%; text-align: center;">cE</td> </tr> <tr> <td style="width:50%; text-align: center;">cB1</td> <td style="width:50%; text-align: center;">cD</td> </tr> <tr> <td style="width:50%; text-align: center;">cB</td> <td style="width:50%; text-align: center;">cC</td> </tr> <tr> <td style="width:50%; text-align: center;">cY</td> <td style="width:50%; text-align: center;">cB1</td> </tr> <tr> <td style="width:50%; text-align: center;">cA</td> <td style="width:50%; text-align: center;">cB</td> </tr> <tr> <td style="width:50%; text-align: center;">cA</td> <td style="width:50%; text-align: center;">cY</td> </tr> <tr> <td style="width:50%; text-align: center;">cA</td> <td style="width:50%; text-align: center;">cA</td> </tr> </table>	Skin**	Tension measurements	cG	Tension measurements	cF	Skin**	cE	cG	cD	cF	cC	cE	cB1	cD	cB	cC	cY	cB1	cA	cB	cA	cY	cA	cA
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<p>Lengths ℓ (Taken along the contour; all landmarks to floor)</p>																																																			

Material	Compression CCL 1 2 3 4	Standard colors	Trend colors*†	Quantity	Foot
<input type="checkbox"/> mediven mondi (CCL 1,2,3) <input type="checkbox"/> mediven sensoo (CCL 2) <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"/> Sand <input type="checkbox"/> Caramel <input type="checkbox"/> Black <input type="checkbox"/> Cashmere † <input type="checkbox"/> Navy † <input type="checkbox"/> Anthracite †	<input type="checkbox"/> Aqua <input type="checkbox"/> medi Magenta <input type="checkbox"/> Moss-green <input type="checkbox"/> Cherry-red <input type="checkbox"/> Mint-green <input type="checkbox"/> Coral <input type="checkbox"/> Blue-Jeans	<input type="checkbox"/> Left _____ <input type="checkbox"/> Right _____ <input type="checkbox"/> Pair _____	<input type="checkbox"/> closed toe <input type="checkbox"/> varus toe ease zone (550 only) <input type="checkbox"/> open toe <input type="checkbox"/> netting (550 only) <input type="checkbox"/> left <input type="checkbox"/> right <input type="checkbox"/> with seamless toe cap <input type="checkbox"/> hallux ease (550 only) <input type="checkbox"/> left <input type="checkbox"/> right

Variations	Proximal border	Accessories	Waist	Gusset <input type="checkbox"/> Suspensory
<input type="checkbox"/> below knee (AD) <input type="checkbox"/> thigh-length (AG) <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"/> BT/B1T/CT/ET/FT †	<input type="checkbox"/> standard oblique <input type="checkbox"/> steep oblique <input type="checkbox"/> straight	<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 (only mediven 550) <input type="checkbox"/> extra leg length (ℓK1 needed)	<input type="checkbox"/> perforated tape (adjustable) <input type="checkbox"/> waistband <input type="checkbox"/> knitted border <input type="checkbox"/> silicone dot topband <input type="checkbox"/> Velcro	<input type="checkbox"/> tricot (standard) <input type="checkbox"/> netting length _____ cm <input type="checkbox"/> compressive width _____ cm <input type="checkbox"/> Gluteal shaper (only mediven 550) Zipper: from _____ (Y or B) to _____ (D or G) <input type="checkbox"/> anterior <input type="checkbox"/> posterior <input type="checkbox"/> medial <input type="checkbox"/> lateral

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
Silver (only mediven mondi) from _____ (Y or A) to _____ (C, D, or G) <input type="checkbox"/> Lymphpad † <input type="checkbox"/> Silk Lining † <input type="checkbox"/> Pocket † <input type="checkbox"/> Levamed † right <input type="checkbox"/> inside <input type="checkbox"/> outside <input type="checkbox"/> Permanent left <input type="checkbox"/> inside <input type="checkbox"/> outside <input type="checkbox"/> Removable		

Silicone Topband
Silicone dot topband <input type="checkbox"/> narrow 2.5 cm <input type="checkbox"/> wide 5 cm <input type="checkbox"/> Peony 5 cm beaded <input type="checkbox"/> Sensitive 5 cm microdot <input type="checkbox"/> Rose 5 cm solid

Design-Elements (only mediven 550)	<input type="checkbox"/> Stars <input type="checkbox"/> Pyramids <input type="checkbox"/> Ribs
Fashion-Elements* (only mediven 550)	Colors <input type="checkbox"/> Berry <input type="checkbox"/> Grey <input type="checkbox"/> Pink <input type="checkbox"/> Lilac Pattern <input type="checkbox"/> Crosses <input type="checkbox"/> Ornaments <input type="checkbox"/> Animal <input type="checkbox"/> Flower
Swarovski Crystals:	Location <input type="checkbox"/> Left ankle <input type="checkbox"/> Right ankle Pattern <input type="checkbox"/> Anchor <input type="checkbox"/> Water lily <input type="checkbox"/> Wave

Special requests