

# 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 # \_\_\_\_\_

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

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

\_\_\_\_\_

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

\_\_\_\_\_

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

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

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

\_\_\_\_\_

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

\_\_\_\_\_

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

	5	4	3	2	1			
	$\ell_{XZ}$	$\ell_{XZ}$	$\ell_{XZ}^P$	$\ell_{XZ}$	$\ell_{XZ}^P$			
HAND SECTION – Circumference C and lengths $\ell$ (Taken along the contour!)	$cZ$	$cZ$	$cZ$	$cZ$	$cZ^P$			
	$cX$	$cX$	$cX$	$cX$	$cX^P$			
Skin**	Tension measurements	$cA^P$	$cB^P$	$cC^P$	$cC1^P$	$cD^P$	$cE^P$	
		$\ell_{AB}^P$	$\ell_{AC}^P$	$\ell_{AC1}^P$	$\ell_{AD}^P$	$\ell_{AE}^P$		
ARMSLEEVE – Circumference C and lengths $\ell$ (Taken along the contour!)								
Skin**	$\ell_{GH}$							
Tension measurements								
	$cG^P$	$cF^P$	$cE^P$	$cD^P$	$cC1^P$	$cC^P$		
							$\ell_{CG}^P$	
							$\ell_{CF}^P$	
							$\ell_{CE}^P$	
							$\ell_{CD}^P$	
							$\ell_{CC1}^P$	

<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"/> mediven 550	<b>CCL<sup>1</sup></b> 15-21 mmHg	<input type="checkbox"/> Caramel <input type="checkbox"/> Sand	<input type="checkbox"/> medi Magenta	hand pcs: _____	<input type="checkbox"/> Left	<input type="checkbox"/> gauntlet
<input type="checkbox"/> mediven mondi 350	<b>CCL<sup>2</sup></b> 23-32 mmHg	<input type="checkbox"/> Cashmere <input type="checkbox"/> Navy	<input type="checkbox"/> Blue-Jeans	arm pcs: _____	<input type="checkbox"/> Right	<input type="checkbox"/> glove
	<b>CCL<sup>3</sup></b> 34-46 mmHg	<input type="checkbox"/> Black <input type="checkbox"/> Anthracite	<input type="checkbox"/> Mango-yellow			<input type="checkbox"/> Open fingers
	Hand piece <input type="checkbox"/>		<input type="checkbox"/> Avocado-green			<input type="checkbox"/> Closed fingers
	Arm Sleeve <input type="checkbox"/>		<input type="checkbox"/> Grey			

Style	Proximal Ending
<b>Hand piece</b>	<input type="checkbox"/> Straight (Porous 2cm) (Standard)
<input type="checkbox"/> AC1	<input type="checkbox"/> Flat oblique <input type="checkbox"/> Steep oblique
<input type="checkbox"/> AD/AE	<input type="checkbox"/> Flat oblique (Standard) <input type="checkbox"/> Steep oblique <input type="checkbox"/> Straight

Style <small>circle length choice</small>	Proximal Ending
<b>Armsleeve</b>	<input type="checkbox"/> Flat oblique (Standard)
<input type="checkbox"/> CG/ CD/CE/CF <small>CG is default</small>	<input type="checkbox"/> Steep oblique <input type="checkbox"/> Straight
<input type="checkbox"/> AF/AG (1-PC)	<input type="checkbox"/> Flat oblique (Standard) <input type="checkbox"/> Steep oblique <input type="checkbox"/> Straight




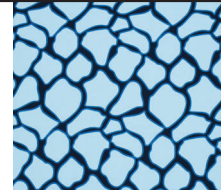
Topband
<input type="checkbox"/> Narrow 2.5 cm beaded <input type="checkbox"/> Wide 5 cm beaded <input type="checkbox"/> Sensitive 5 cm microdot <input type="checkbox"/> Motif 5 cm beaded <input type="checkbox"/> Rose 5 cm solid <input type="checkbox"/> None

Accessories		
Position	Topband Piece <small>(sewn into the garment)</small> Sizes	Anti-slip dots <small>(applied directly to the garment)</small> Fixed size
<input type="checkbox"/> Along the oblique border	<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"/> 6 X 4.5 cm
<input type="checkbox"/> On the palm	<input type="checkbox"/> 5 X 5 cm	<input type="checkbox"/> 6 X 4.5 cm
<b>Design Elements:</b> <small>(single-color pattern)</small>	<input type="checkbox"/> Stripes <input type="checkbox"/> Nature <input type="checkbox"/> Dots <input type="checkbox"/> Classic	<b>Fashion Elements:</b> <small>(two-toned pattern)</small>
		<input type="checkbox"/> Stripes <input type="checkbox"/> Nature <input type="checkbox"/> Dots <input type="checkbox"/> Classic
<b>Crystal Motifs:</b> Location: <input type="checkbox"/> Lower arm <input type="checkbox"/> Upper arm      Pattern: <input type="checkbox"/> Crystal <input type="checkbox"/> Pearl <input type="checkbox"/> Roségold		
<small>Crystal Motifs cannot be combined with Design Elements or Fashion Elements.</small>		

Other Accessories	Shoulder Attachments
Knitting marks at elbow: <input type="checkbox"/> 160° (standard) <input type="checkbox"/> 150° <input type="checkbox"/> 135°	<input type="checkbox"/> Shoulder cap standard <input type="checkbox"/> Shoulder cap anatomical† _____ cm
<input type="checkbox"/> Elbow flexure functional zone (550 only)	<input type="checkbox"/> Shoulder strap width: <input type="checkbox"/> 2.5 cm (adjustable) <input type="checkbox"/> 5 cm (velcro)
<input type="checkbox"/> Additional porous row ending (50% COMPRESSION) _____ cm	<input type="checkbox"/> Bra attachment width of bra strap: _____ cm

<input type="checkbox"/> silk lining material Location: _____ <small>(Please include drawing in Special Requests section)</small> width _____ cm length _____ cm	<b>Special Requests:</b>
<input type="checkbox"/> Lymphpad Location: _____ <small>(Please include drawing in Special Requests section)</small> width _____ cm length _____ cm	
<input type="checkbox"/> Pocket (Please specify/draw in Special Requests) _____ length _____ width _____	

**circaid® profile**

Garment options		Oversleeve colors			
<b>Indicate sleeve length:</b>	<b>Indicate side:</b>				
<input type="checkbox"/> A-G (default) <input type="checkbox"/> C-G	<input type="checkbox"/> Left <input type="checkbox"/> Right				
<input type="checkbox"/> A-C1 <input type="checkbox"/> C-C1	<b>Options:</b>	midnight (default)	magenta	grey	blue giraffe
<input type="checkbox"/> A-D <input type="checkbox"/> C-D	<input type="checkbox"/> No thumb	Quantity _____	Quantity _____	Quantity _____	Quantity _____
<input type="checkbox"/> A-E <input type="checkbox"/> C-E	<input type="checkbox"/> No lateral rise				
<input type="checkbox"/> A-F <input type="checkbox"/> C-F	<input type="checkbox"/> Finger foam zones				
	<input type="checkbox"/> Fused EZ-on system				
	<input type="checkbox"/> High-energy oversleeve**				
	<input type="checkbox"/> Split sleeve**				

\*Requires 5 additional working days for production. †Measure shoulder width from front to back, around the arm  
 \*\* Includes Fused EZ-on system