

mediven[®]

flat-knit lower extremity

& circaid[®] profile-Custom Order Form

Customer Name _____

Account # _____

P.O.# _____

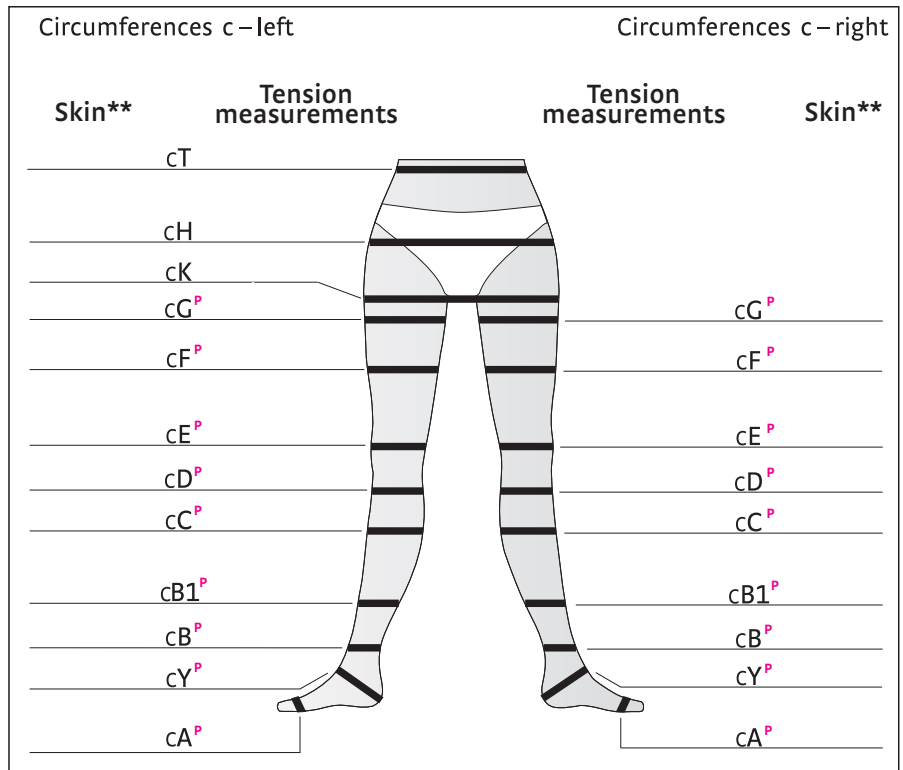
Patient Name _____

Date Measured _____

Measured By _____

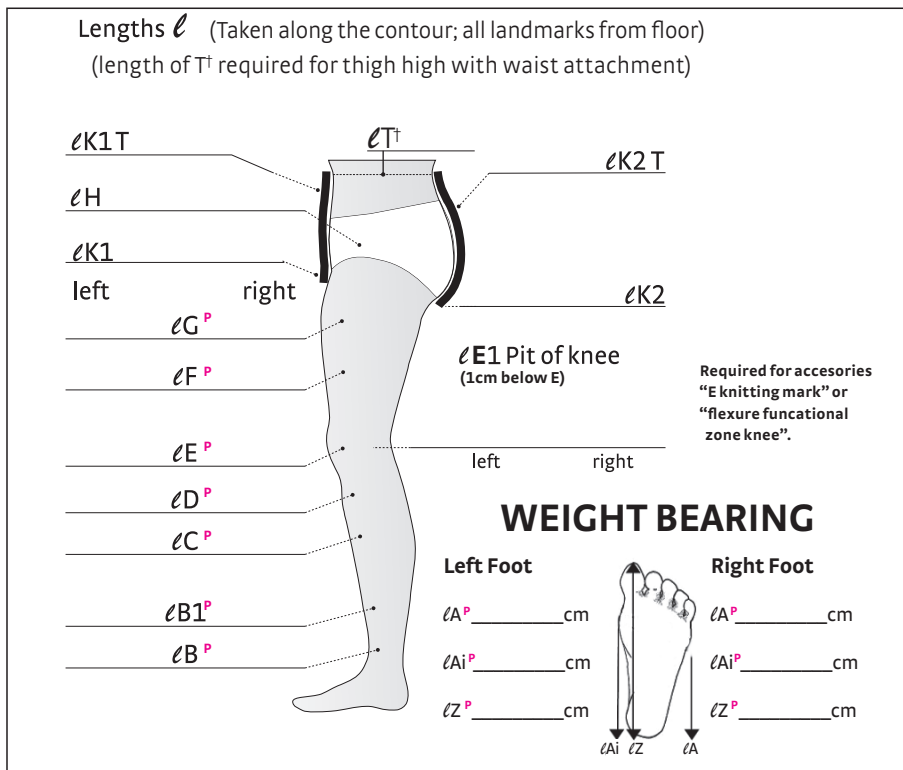
Exact Reorder Number _____

Bill to: _____



Ship to: _____

Notes: _____



*Requires 10 additional working days for production. **Skin measurements optional.
*Measurement **required** for circaid profile

Material	Compression CCL 1 2 3 4	Standard colors	Trend colors*	Quantity	Foot
<input type="checkbox"/> mediven mondi 350 (CCL 1,2,3) <input type="checkbox"/> mediven 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"/> Raspberry-red <input type="checkbox"/> Chestnut <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"/> left <input type="checkbox"/> right <input type="checkbox"/> open toe <input type="checkbox"/> hallux ease (except mondi 350) <input type="checkbox"/> with seamless toe cap <input type="checkbox"/> left <input type="checkbox"/> right

Variations	Proximal border	Accessories	Waist band	Gusset	Suspensory
<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 / CT / ET / FT	<input type="checkbox"/> standard oblique <input type="checkbox"/> steep oblique <input type="checkbox"/> straight Lateral seam <input type="checkbox"/> mediven cosy 450 (Not available in toe caps or waist attachment)	<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)	<input type="checkbox"/> tricot (standard) _____ <input type="checkbox"/> netting _____ <input type="checkbox"/> compressive _____ length cm _____ width cm _____ 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"/> Motif 5 cm beaded	<input type="checkbox"/> narrow dot 2.5 cm <input type="checkbox"/> Sensitive 5 cm microdot
<input type="checkbox"/> no topband	

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

silk lining material
 Location: _____
 (Please include drawing in Special Requests section)
 width _____ cm length _____ cm

Lymphpad
 Location: _____
 (Please include drawing in Special Requests section)
 width _____ cm length _____ cm

Pocket (Please specify/draw in Special Requests section)
 _____ length _____ width

Silver	<input type="checkbox"/> "Y" to C <input type="checkbox"/> "A" to C <input type="checkbox"/> left	<input type="checkbox"/> "Y" to D <input type="checkbox"/> "A" to D	<input type="checkbox"/> "Y" to G <input type="checkbox"/> "A" to G
--------	---	--	--




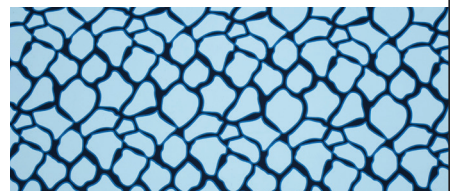
*Design-Elements	<input type="checkbox"/> Stripes <input type="checkbox"/> Nature <input type="checkbox"/> Bloom <input type="checkbox"/> Classic (single-color pattern) Not available in mondi 350
*Fashion-Elements	<input type="checkbox"/> Stripes <input type="checkbox"/> Nature <input type="checkbox"/>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

Crystal Motifs: Location Left ankle Right ankle
 Pattern Proud Wind Trio
 Crystal Motifs cannot be combined with Design Elements, Fashion Elements or cosy lateral seam.

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
---------	---

Special Requests:

circaid® profile

Garment options		Oversleeve colors	
Indicate sleeve length: <input type="checkbox"/> A-C (default) <input type="checkbox"/> A-F <input type="checkbox"/> B1-E <input type="checkbox"/> A-E <input type="checkbox"/> B1-D <input type="checkbox"/> A-D <input type="checkbox"/> B1-C <input type="checkbox"/> A-C <input type="checkbox"/> C-G <input type="checkbox"/> A-B1 <input type="checkbox"/> C-F <input type="checkbox"/> A-B <input type="checkbox"/> C-E <input type="checkbox"/> B-G <input type="checkbox"/> C-D <input type="checkbox"/> B-F <input type="checkbox"/> D-G <input type="checkbox"/> B-E <input type="checkbox"/> D-F <input type="checkbox"/> B-D <input type="checkbox"/> D-E <input type="checkbox"/> B-C <input type="checkbox"/> E-G <input type="checkbox"/> B-B1 <input type="checkbox"/> E-F <input type="checkbox"/> B1-G <input type="checkbox"/> F-G <input type="checkbox"/> B1-F	Indicate side: Quantity <input type="checkbox"/> Left _____ <input type="checkbox"/> Right _____ <input type="checkbox"/> Pair _____ Options: <input type="checkbox"/> No lateral rise at G <input type="checkbox"/> Extend foot to end of toes <input type="checkbox"/> Non-skid pad on sole (applied to oversleeve only) <input type="checkbox"/> Fused EZ-on system <input type="checkbox"/> High-energy oversleeve (not combinable with Fused EZ-on system) <input type="checkbox"/> EZ-open panel (not combinable with Fused EZ-on system) <input type="checkbox"/> Lateral rise at D	 midnight (default) Quantity _____  grey Quantity _____	 magenta Quantity _____  blue giraffe Quantity _____

*Requires 10 additional working days for production.