

- Quote
- 1st order Re-order

Custom Legging Sizing Form

Fax Orders: 1-800-879-2135

Email: customs@mediusa.com



Customer Name _____ Customer No. _____ Purchase Order No. _____ Fax _____

Billing Address _____ Patient Name _____

Shipping Address _____ Order Date _____ Measured By _____

Telephone _____ Email _____ Shipping Method _____

Credit Card Info _____

Lower Extremity	Left	Quantity	Right	Quantity	Foot Options	Cover up color
juxtafit™ premium <input type="checkbox"/> Lower Leg <input type="checkbox"/> Lower Leg with knee <input type="checkbox"/> Knee piece <input type="checkbox"/> Upper Leg <input type="checkbox"/> No lateral rise <input type="checkbox"/> Upper Leg with knee <input type="checkbox"/> No lateral rise <input type="checkbox"/> Whole Leg <input type="checkbox"/> No lateral rise	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	Standard foot options <input type="checkbox"/> power added compression band™ (default) <input type="checkbox"/> single band ankle foot wrap™ <input type="checkbox"/> juxtafit™ premium interlocking ankle foot wrap <input type="checkbox"/> juxtafit™ premium ankle foot wrap Made-to-measure foot option <input type="checkbox"/> juxtafit™ premium ankle foot wrap <input type="checkbox"/> attached <input type="checkbox"/> separate	<input type="checkbox"/> black (default) <input type="checkbox"/> beige
graduate™ Foam liner color options: Interior: Exterior: <input type="checkbox"/> beige (default) <input type="checkbox"/> black (default) <input type="checkbox"/> red <input type="checkbox"/> beige <input type="checkbox"/> turquoise <input type="checkbox"/> red <input type="checkbox"/> turquoise <input type="checkbox"/> Boot Only	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____		
classicflex™ <input type="checkbox"/> Lower Leg	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	Notes:	

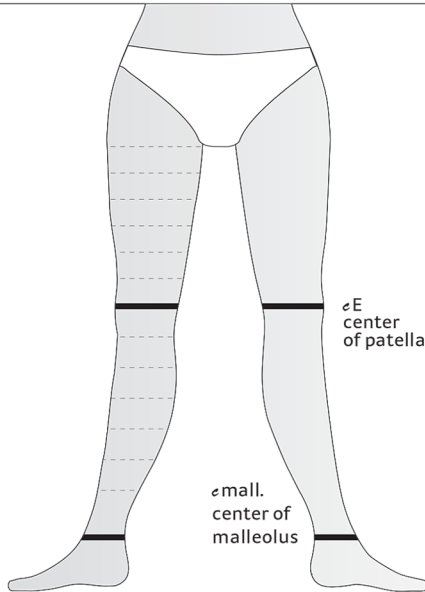
Please take measurements without tension!

Leg measurement

Circumferences

Left in cm Right in cm

85	
80	
75	
70	
65	
60	
55	
50	
45	
40	
35	
30	
25	
20	
15	
10	
05	
eE	
e mall.	



Measurements must be every 5cm from the starting point center of malleolus.

Leg measurement

Lengths

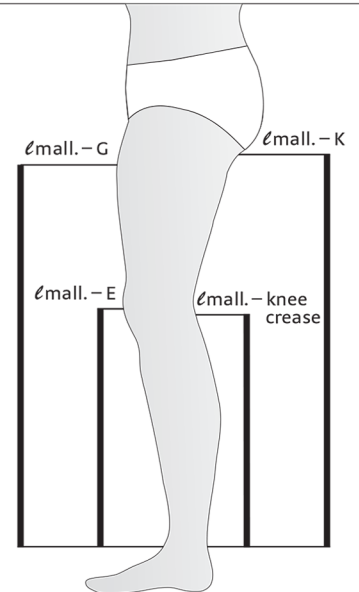
Left in cm Right in cm

ℓ mall.-K

ℓ mall.-G

ℓ mall.-E

ℓ mall.-knee crease



circraid® inelastic compression garments

Foot measurement

Circumferences

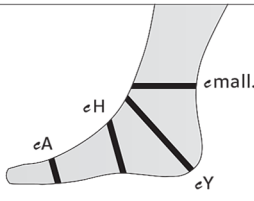
Left in cm Right in cm

e mall.

eY

eH

eA



Foot measurement

Lengths

Left in cm Right in cm

ℓ P₂

ℓ mall.

ℓ A-Y

ℓ A

