

mediven custom circular-knit lower extremity form

Fax Orders: 888-840-0939 Email: customs@mediusa.com



Exact Reorder (Order Number): _____

Customer Name _____ Date Measured _____

Customer No. _____ Purchase Order No. _____

Patient Name _____ Measured by _____

Billing Address _____

Shipping Address _____

Telephone _____ Fax _____

Order Date _____ Email _____

Credit Card Info _____

Shipping Method Ground OR Express*
 Second Day Next Day

**Only possible with mediven comfort and mediven plus.
 Express Shipping guarantees 3-day fabrication and 2-day shipping. 30% upcharge, plus an additional fee for Next Day.*

Contact for Confirmations (select one): Email _____ Fax _____

| LEFT LEG | | WHERE TO MEASURE | RIGHT LEG | | PANTY TOP | KEY FOR CHART | |
|---------------|-----------------|------------------|---------------|-----------------|-----------|---------------|---|
| circumference | length to floor | | circumference | length to floor | | | length |
| | | | t | cm | t | cm | <p>Height measurement is from each marked body location to floor</p> <p>LK1T Measurement from pubic bone to top of garment along the anatomical contour</p> <p>LK2T Measurement from base of the gluteal fold to top of garment along the anatomical contour</p> <p>t Measurement at waist</p> <p>h Measurement just above pelvic bone</p> <p>k Measurement at top of widest part of hip</p> <p>g Measurement at top of thigh at gluteal fold</p> <p>f Measurement at mid thigh</p> <p>e Measurement slightly above knee</p> <p>d Measurement slightly below knee</p> <p>c Measurement at widest part of calf</p> <p>b1 Measurement between ankle and waist part of calf</p> <p>b Measurement just above ankle bone</p> <p>y Measurement diagonally around heel over widest part of top of ankle</p> <p>a Measurement circumference of ball of foot</p> <p>z Measurement from heel to toe for Closed-toe stockings (enter below) or from heel to ball of foot for Open-toe stockings</p> <p>z Foot Requirement (choose one): Closed-Toe: full foot length is _____ cm Open-Toe: length from heel to ball of foot is _____ cm</p> |
| g | cm | | g | cm | LK1T | cm | |
| f | cm | | f | cm | LK2T | cm | |
| e | cm | | e | cm | | | |
| d | cm | | d | cm | | | |
| c | cm | | c | cm | | | |
| b1 | cm | | b1 | cm | | | |
| b | cm | | b | cm | | | |
| y | cm | | | | | | |
| a | cm | | | | | | |

mediven comfort

| quantity | compression | toe | colors | styles | silicone top band |
|--|--|--|---|---|--|
| _____ left _____ right _____ pairs | <input type="checkbox"/> 20-30 mmHg <input type="checkbox"/> 30-40 mmHg | <input type="checkbox"/> closed toe <input type="checkbox"/> open toe | <input type="checkbox"/> natural <input type="checkbox"/> ebony <input type="checkbox"/> wheat <input type="checkbox"/> sandstone <input type="checkbox"/> navy <input type="checkbox"/> chocolate | <input type="checkbox"/> calf <input type="checkbox"/> thigh <input type="checkbox"/> panty <input type="checkbox"/> maternity panty | <input type="checkbox"/> No topband A-D (calf) <input type="checkbox"/> beaded 2.5cm <input type="checkbox"/> beaded 5cm <input type="checkbox"/> sensitive 5cm A-G (thigh) <input type="checkbox"/> beaded 5cm <input type="checkbox"/> sensitive 5cm |

mediven plus

| quantity | compression | toe | colors | styles |
|--|---|---|--|---|
| _____ left _____ right _____ pairs | <input type="checkbox"/> 20-30 mmHg <input type="checkbox"/> 30-40 mmHg <input type="checkbox"/> 40-50 mmHg | <input type="checkbox"/> closed toe <input type="checkbox"/> open toe | <input type="checkbox"/> beige <input type="checkbox"/> black | <input type="checkbox"/> calf <input type="checkbox"/> thigh <input type="checkbox"/> thigh w/waist attachment <input type="checkbox"/> panty <input type="checkbox"/> panty w/one leg <input type="checkbox"/> maternity panty <input type="checkbox"/> men's leotard <input type="checkbox"/> bike shorts <input type="checkbox"/> capri <input type="checkbox"/> leggings <input type="checkbox"/> panty w/one leg below knee, one full leg <input type="checkbox"/> leg sleeves <input type="checkbox"/> bi-lateral thigh with waist attachment |
| silicone top band | | compressive panty | | options |
| <input type="checkbox"/> No topband A-D (calf) <input type="checkbox"/> beaded 2.5cm <input type="checkbox"/> beaded 5cm <input type="checkbox"/> sensitive 5cm A-G (thigh) <input type="checkbox"/> beaded 5cm <input type="checkbox"/> sensitive 5cm | | <input type="checkbox"/> 20-30 mmHg <input type="checkbox"/> 30-40 mmHg <input type="checkbox"/> 40-50 mmHg <i>**Panty compression may not be greater than legs.</i> | | <input type="checkbox"/> open crotch (waist-high only) |

mediven forte

| quantity | compression | toe | colors | styles |
|--|--|---|---|--|
| _____ left _____ right _____ pairs | <input type="checkbox"/> 30-40 mmHg <input type="checkbox"/> 40-50 mmHg | <input type="checkbox"/> closed toe <input type="checkbox"/> open toe | <input type="checkbox"/> caramel <input type="checkbox"/> cashmere <input type="checkbox"/> black <input type="checkbox"/> anthracite <input type="checkbox"/> navy <input type="checkbox"/> beige* <input type="checkbox"/> bronze* <input type="checkbox"/> rose* <input type="checkbox"/> royal blue* <input type="checkbox"/> violet* <i>*Trend colors require an additional 5 days for production. Trend colors rotate seasonally.</i> | <input type="checkbox"/> calf <input type="checkbox"/> thigh <input type="checkbox"/> thigh w/waist attachment <input type="checkbox"/> panty <input type="checkbox"/> panty w/one leg <input type="checkbox"/> maternity panty <input type="checkbox"/> men's leotard <input type="checkbox"/> bike shorts <input type="checkbox"/> capri <input type="checkbox"/> leggings <input type="checkbox"/> panty w/one leg below knee, one full leg |
| silicone top band | | compressive panty | | options |
| <input type="checkbox"/> No topband A-D (calf) <input type="checkbox"/> beaded 2.5cm <input type="checkbox"/> beaded 5cm <input type="checkbox"/> sensitive 5cm A-G (thigh) <input type="checkbox"/> beaded 5cm <input type="checkbox"/> sensitive 5cm | | <input type="checkbox"/> slightly <input type="checkbox"/> moderate <input type="checkbox"/> high (avail. 40-50 mmHg only) <i>**Panty compression may not be greater than legs. Exact mmHg not measurable.</i> | | <input type="checkbox"/> open crotch (waist-high only) <input type="checkbox"/> soft toe (netting) <input type="checkbox"/> hallux valgus toe section (closed toe only) <input type="checkbox"/> Swarovski® crystals <input type="checkbox"/> unilateral OR <input type="checkbox"/> bilateral Pattern <input type="checkbox"/> anchor <input type="checkbox"/> wave <input type="checkbox"/> water lily |