

Custom Made Circular Knitted Compression Stockings Order Form

Patient Last Name: _____

Patient First Name: _____

Fitter Last Name: _____

Fitter First Name: _____

Date: _____



Absolute Medical. 1843 W Hubbard St #2A
Chicago, IL 60622
Tel: 312 233 2207 Fax: 866 860 9358
To Order Online: orders@absolutemedical.com
Our website: absolutemedical.com

Product / Brand	Quantity		Sand	Sun Bronze	Black	Amber	Navy
	left	right					
Seamless Soft 18-21 mmHg* (CCL 1)							
Seamless Soft 23-32 mmHg* (CCL 2)							
Seamless Soft 34-46 mmHg* (CCL 3)							
Bellavar™ *** 23-32 mmHg* (CCL 2)							
Bellavar™ *** 34-46 mmHg* (CCL 3)							

Basic Styles:

AD AF AG AG-T AG-HT AT

Options:

Closed toe Open toe Short foot (closed)

Special Options:

AD No Silicone Silicone dotted band 2.5 cm
 Silicone dotted band 5 cm SoftFit™ (only in AD)

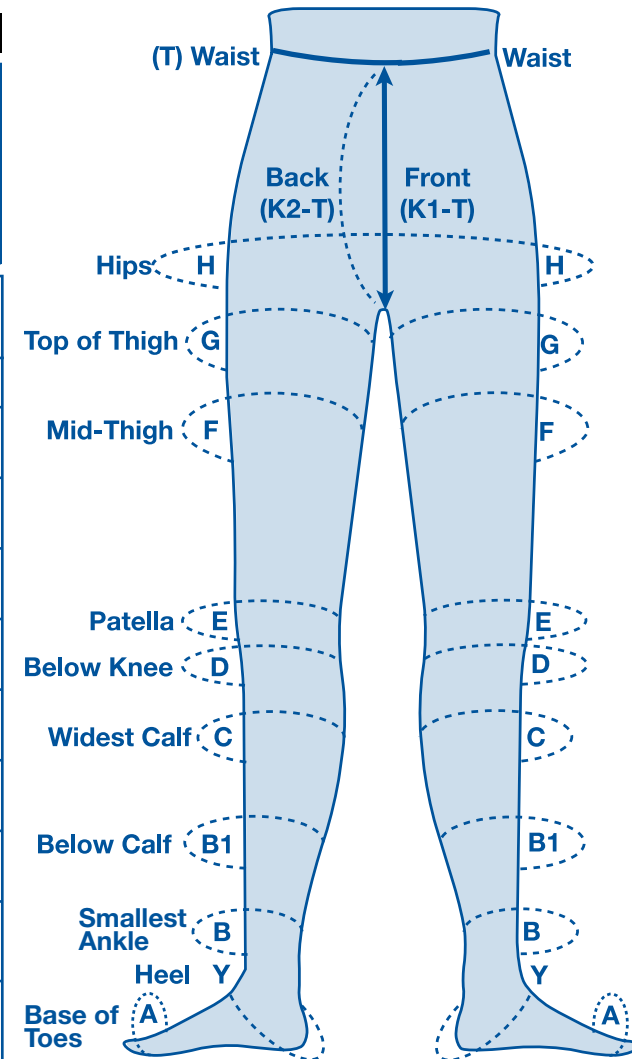
AF/AG No Silicone Silicone dotted band 5 cm
 Silicone lace band 6 cm Silicone Soft band 6 cm**

AT Maternity Fly for Men
 Full compression Regular Adjustable Waist band
 Waist band 2.5 cm** Waist band 5.0 cm**

Form 57021 must accompany this form.

Circum. (c)	Length (l)	Length (l)
cT	K2-T	lT
cH	K1-T	lH

Circumference (c)		Length (l): Taken from each landmark to floor.	
Left	Right	Left	Right
cG		lG	
cF		lF	
cE		lE	
cD		lD	
cC		lC	
cB1		lB1	
cB		lB	
cY		lA (medial)	
cA		lA (lateral)	



Foot length open toe lA _____ Foot length closed toe lZ _____
(Not available in slant open or slant closed toe, only straight.)

Comments: _____

*Design Pressure **Not available in Full Compression or Bellavar ***Not available in Bellavar
Take measurements on edema-free extremities only. All measurements must be recorded in cm.