



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

Patient Last Name: \_\_\_\_\_ Patient First Name: \_\_\_\_\_

Fitter Last Name: \_\_\_\_\_ Fitter First Name: \_\_\_\_\_

Date: \_\_\_\_\_

## Custom Hip Hugger & Hip Hugger Combi Order Form

|  |   |   |  |  |   |
|--|---|---|--|--|---|
| <b>ORDER SPECIFICATIONS:</b>   |   |   |  |  |   |
| <input type="checkbox"/> Quote Only  | <input type="checkbox"/> Quote & Proceed                                    | <input type="checkbox"/> Reseller Pricing | <input type="checkbox"/> Retail Pricing                                  |  |   |
| <b>Rush Order Options:</b>   |   |   |  |  |   |
| <input type="checkbox"/> 5 Day Rush - 15% Up-Charge                              |   |   | <input type="checkbox"/> 48 Hour Rush - 25% Up-Charge                    |  |   |
| <b>PREFERRED SHIPPING METHOD:</b> <input type="checkbox"/> UPS 3rd Party Billing |   |   |  |  |   |
| <input type="checkbox"/> Most Cost Effective                                     | <input type="checkbox"/> USPS Priority Mail®<br>*Small or Medium flat rates | <input type="checkbox"/> UPS Ground       | <input type="checkbox"/> UPS 3 Day Select<br>*Not available for AK or HI | <input type="checkbox"/> UPS 2nd Day Air | <input type="checkbox"/> UPS Next Day Air |



Hip Hugger

☐


Hip Hugger Full Leg

☐


Hip Hugger Combi

☐

### Hip Hugger Organic Cotton/Lycra® Color Options

|                          |            |
|--------------------------|------------|
| <input type="checkbox"/> | Black      |
| <input type="checkbox"/> | Ivory      |
| <input type="checkbox"/> | Royal Blue |

### Hip Hugger Combi Organic Cotton/Lycra® with Techsheen Color Options

|                          |             |
|--------------------------|-------------|
| <input type="checkbox"/> | Black/Black |
| <input type="checkbox"/> | Ivory/Buff  |

comments: \_\_\_\_\_

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Date: \_\_\_\_\_

## Custom Hip Hugger & Hip Hugger Combi Order Form

Previous Patient? ☐ Yes ☐ No ☐ Primary or ☐ Secondary Lymphedema

| Circumference        |   | Leg Lengths                   |                     |
|----------------------|---|-------------------------------|---------------------|
| <input type="text"/> | L (Lowest Rib)                          | <input type="text"/>          | A to L              |
| <input type="text"/> | K (Natural Waist)                       | <input type="text"/>          | A to K              |
| <input type="text"/> | K <sup>1</sup> thru G to K <sup>2</sup> | <input type="text"/>          | A to J              |
| <input type="text"/> | J (Mid Hip)                             | <input type="text"/>          | A to H              |
| <input type="text"/> | H (Widest Hip)                          | <input type="text"/>          |                     |
| Left                 | Right                                   |                               |                     |
| <input type="text"/> | <input type="text"/>                    | G (Groin)                     | A to G              |
| <input type="text"/> | <input type="text"/>                    | F <sup>2</sup> (Upper Thigh)  | A to F <sup>2</sup> |
| <input type="text"/> | <input type="text"/>                    | F <sup>1</sup> (Mid Thigh)    | A to F <sup>1</sup> |
| <input type="text"/> | <input type="text"/>                    | F (Lower Thigh)               | A to F              |
| <input type="text"/> | <input type="text"/>                    | E (Flexion Crease)            | A to E              |
| <input type="text"/> | <input type="text"/>                    | D (Least Knee)                | A to D              |
| <input type="text"/> | <input type="text"/>                    | C (Widest Calf)               | A to C              |
| <input type="text"/> | <input type="text"/>                    | B <sup>1</sup> (Base of Calf) | A to B <sup>1</sup> |
| <input type="text"/> | <input type="text"/>                    | b (Base of Toe)               |                     |
| <input type="text"/> | <input type="text"/>                    | i (Instep)                    |                     |
| <input type="text"/> | <input type="text"/>                    | B (Least Ankle)               | A to B              |
| <input type="text"/> | <input type="text"/>                    | H/A (Heel/Ankle)              |                     |
| <input type="text"/> | <input type="text"/>                    | a (Tip of Toe)                |                     |
| <input type="text"/> | <input type="text"/>                    | i (Instep)                    |                     |
| <input type="text"/> | <input type="text"/>                    | b (At base of little toe)     |                     |
|                      |   | A-i (Heel to instep)          |                     |
|                      |   | A-b (Heel to base of toe)     |                     |
|                      |   | A-a Total Foot Length         |                     |

K<sup>1</sup> thru G to K<sup>2</sup> is measured from center front waist through the crotch up to center back waist.

| Hip Hugger/Hip Hugger Combi<br>Additional Charge Options |   |
|--|---|
| <input type="checkbox"/>                                 | JoViJacket (DG)<br><input type="checkbox"/> Black <input type="checkbox"/> White            |
| <input type="checkbox"/>                                 | Classic Lower Leg (separate)  |
| <input type="checkbox"/>                                 | JoViJacket (AD)<br><input type="checkbox"/> Black <input type="checkbox"/> White            |
| <input type="checkbox"/>                                 | Safety Sok (Matching fabric with non-slip sole)   |
| <input type="checkbox"/>                                 | Zipper - ankle to knee  |
| <input type="checkbox"/>                                 | Dorsum Pad (Sewn in)  |
| <input type="checkbox"/>                                 | Malleolus Pad (Sewn in)<br><input type="checkbox"/> Medial <input type="checkbox"/> Lateral |
| <input type="checkbox"/>                                 | Donning Loops   |
| <input type="checkbox"/>                                 | Full Leg (for Hip Hugger only)  |
| <input type="checkbox"/>                                 | JoViJacket (AG)<br><input type="checkbox"/> Black <input type="checkbox"/> White            |
| <input type="checkbox"/>                                 | Safety Sok (Matching fabric with non-slip sole)   |
| <input type="checkbox"/>                                 | Zipper - ankle to knee  |
| <input type="checkbox"/>                                 | Dorsum Pad (Sewn in)  |
| <input type="checkbox"/>                                 | Malleolus Pad (Sewn in)<br><input type="checkbox"/> Medial <input type="checkbox"/> Lateral |
| <input type="checkbox"/>                                 | Donning Loops   |
| <input type="checkbox"/>                                 | Dycem® - donning aid  |
| <input type="checkbox"/>                                 | Easy-Slide® - donning aid   |
| <input type="checkbox"/>                                 | Prepaid Reduction Option  |

# Custom Foot Tracing

A

Sketch a dotted line to indicate where the garment should end.

Place foot directly over this guide, with tip of big toe at "A" landmark. With a black pen, trace around each toe and as much of the foot as will fit on the paper. Use a ruler or measuring tape starting at "A" landmark to determine total length of foot.

Total length  
of foot in  
\_\_\_\_\_cm

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

Fitter Name: \_\_\_\_\_

Date: \_\_\_\_\_