



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

Patient Last Name: _____ Patient First Name: _____

Fitter Last Name: _____ Fitter First Name: _____

Date: _____

Custom circular-knit Lower Extremity form

LEFT LEG		LEFT LEG		WHERE TO MEASURE	RIGHT LEG		RIGHT LEG		PANTY TOP length	KEY FOR CHART	
circumference		length to floor			circumference		length to floor				
				Waist (t)	t	cm	t	cm		Height measurement is from each marked body location to floor LK1T Measurement from pubic bone to top of garment along the anatomical contour LK2T Measurement from base of the gluteal fold to top of garment along the anatomical contour	
				Hips (h)	h	cm	h	cm	LK1T		cm
				Buttocks (k)	k	cm	k	cm	LK2T	cm	t Measurement at waist h Measurement just above pelvic bone k Measurement at top of widest part of hip g Measurement at top of thigh at gluteal fold f Measurement at mid thigh e Measurement slightly above knee d Measurement slightly below knee c Measurement at widest part of calf b1 Measurement between ankle and waist part of calf b Measurement just above ankle bone a Measurement circumference of ball of foot y Measurement diagonally around heel over widest part of top of ankle z Measurement from heel to toe for Closed-toe stockings (enter below) or from heel to ball of foot for Open-toe stockings z Foot Requirement (choose one): Closed-Toe: full foot length is _____cm Open-Toe: length from heel to ball of foot is _____cm
g	cm	g	cm	(g)	g	cm	g	cm		Thigh	
f	cm	f	cm	(f)	f	cm	f	cm		Below Knee	
e	cm	e	cm	(e)	e	cm	e	cm			
d	cm	d	cm	(d)	d	cm	d	cm		Thigh w/Waist Att/Maternity Panty/Men's Leotard	
c	cm	c	cm	(c)	c	cm	c	cm			
b1	cm	b1	cm	(b1)	b1	cm	b1	cm			
b	cm	b	cm	(b)	b	cm	b	cm			
a	cm			(a)	a	cm					
y	cm			(y)	y	cm					
				(z)							



Patient Name: _____ Date: _____

Fitter Name: _____

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	A-D (calf) <input type="checkbox"/> beaded 2.5cm <input type="checkbox"/> beaded 5cm A-G (thigh) <input type="checkbox"/> beaded 5cm <input type="checkbox"/> lace 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 att. <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
A-D (calf) <input type="checkbox"/> beaded 2.5cm <input type="checkbox"/> beaded 5cm	A-G (thigh) <input type="checkbox"/> beaded 5cm <input type="checkbox"/> lace 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"/> black	<input type="checkbox"/> calf <input type="checkbox"/> thigh <input type="checkbox"/> thigh w/waist att. <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
A-D (calf) <input type="checkbox"/> beaded 2.5cm <input type="checkbox"/> beaded 5cm	A-G (thigh) <input type="checkbox"/> beaded 5cm <input type="checkbox"/> lace 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) <input type="checkbox"/> soft toe (netting) <input type="checkbox"/> hallux valgus toe section (closed toe only)