



Absolute Medical. 1843 W Hubbard St #2A  
 Chicago, IL 60622  
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 To Order Online: orders@absolutemedical.com  
 Our website: absolutemedical.com

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

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

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

## LOWER EXTREMITY MEASURING & ORDER FORM: CUSTOM - MADE FLAT - KNIT

PATIENT MEASUREMENTS IN CENTIMETERS

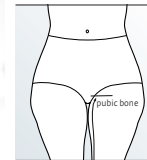


| CIRCUMFERENCES        |       |    |
|-----------------------|-------|----|
| eT                    |       | cm |
| eH                    |       | cm |
| eK (around both legs) |       | cm |
| LEFT                  | RIGHT |    |
| eG                    | cm    | cm |
| eF                    | cm    | cm |
| eE                    | cm    | cm |
| eD                    | cm    | cm |
| eC                    | cm    | cm |
| eB1                   | cm    | cm |
| eB                    | cm    | cm |
| eY                    | cm    | cm |

| LENGTHS (landmarks to floor) |       |      |
|------------------------------|-------|------|
| lT (straight line)           |       | lK1T |
| lH (straight line)           |       | lK2T |
| LEFT                         | RIGHT |      |
| lG                           | cm    | cm   |
| lF                           | cm    | cm   |
| lE                           | cm    | cm   |
| lD                           | cm    | cm   |
| lC                           | cm    | cm   |
| lB1                          | cm    | cm   |
| lB                           | cm    | cm   |

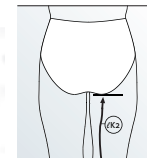
### REQUIRED FOR THIGH & PANTY/WAIST

FRONT



lK1  
(pubic bone to floor)  
\_\_\_\_\_ cm

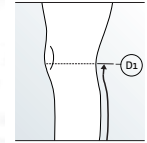
BACK



lK2  
(gluteal fold to floor)  
\_\_\_\_\_ cm

### REQUIRED FOR THIGH & PANTY/WAIST WITH E-KNITTING MARK OPTION

BACK

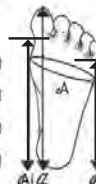


D1  
(popliteal crease to floor)  
\_\_\_\_\_ cm  
(contour)

### WEIGHT BEARING (must complete all)

Left foot

eA \_\_\_\_\_ cm  
 lAi \_\_\_\_\_ cm  
 lA \_\_\_\_\_ cm  
 lZ \_\_\_\_\_ cm



Right foot

eA \_\_\_\_\_ cm  
 lAi \_\_\_\_\_ cm  
 lA \_\_\_\_\_ cm  
 lZ \_\_\_\_\_ cm




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

## LOWER EXTREMITY MEASURING & ORDER FORM: CUSTOM - MADE FLAT - KNIT

|                       |  |   |
|-----------------------|--|---|
| <b>STYLE/MATERIAL</b> | <input type="checkbox"/> mediven® 550 <input type="checkbox"/> mediven® mondi<br><input type="checkbox"/> mediven® sensoo (CCLII)  |   |
|                       | <b>NOTE: ONLY ONE STYLE PER FORM</b><br><input type="checkbox"/> Knee high <input type="checkbox"/> Thigh high<br><input type="checkbox"/> Waist high <input type="checkbox"/> Thigh w/waist attachment*<br><input type="checkbox"/> One leg Waist high* <input type="checkbox"/> Bicycle shorts (T to F)*<br><input type="checkbox"/> Capri shorts (T to C)* <input type="checkbox"/> Leggings (T to B)*<br><input type="checkbox"/> Men's leotard <input type="checkbox"/> Maternity panty*<br><input type="checkbox"/> with fly    (slight compression panel) |   |
| <b>COMPRESSION</b>    | <b>PANTY SECTION*</b><br>CCLI: <input type="checkbox"/> 18-21mmHg    CCLII: <input type="checkbox"/> 23-32mmHg<br>CCLIII: <input type="checkbox"/> 34-46mmHg    CCLIV: <input type="checkbox"/> 49-60mmHg  |   |
|                       | <b>LEFT LEG</b><br>CCLI: <input type="checkbox"/> 18-21mmHg    CCLII: <input type="checkbox"/> 23-32mmHg<br>CCLIII: <input type="checkbox"/> 34-46mmHg    CCLIV: <input type="checkbox"/> 49-60mmHg  |   |
|                       | <b>RIGHT LEG</b><br>CCLI: <input type="checkbox"/> 18-21mmHg    CCLII: <input type="checkbox"/> 23-32mmHg<br>CCLIII: <input type="checkbox"/> 34-46mmHg    CCLIV: <input type="checkbox"/> 49-60mmHg   |   |
| <b>QTY/DESIGN</b>     | Left _____<br>Right _____<br>Pair _____  |  <b>New Design Elements:</b><br>* 550 only   |
| <b>COLOR</b>          | _____ Caramel    _____ Black    _____ Sand    _____ Cashmere**    _____ Moss-Green*<br>_____ Navy*    _____ Magenta*    _____ Aqua*    _____ Anthracite*    _____ Cherry-Red*<br>*(*)NOT AVAILABLE IN mediven sensoo    *Trend colors require an extra five days for delivery.   |   |
|                       | <b>FOOT</b><br><input type="checkbox"/> Open toe: <input type="checkbox"/> Closed toe:<br><input type="checkbox"/> Tricot (half compression) *default<br><input type="checkbox"/> Full compression (amputee only)<br><input type="checkbox"/> Netting (no compression; 550 only)   |   |
| <b>OPTIONS</b>        | <b>MONDI SILVER</b><br><input type="checkbox"/> Y-C<br><input type="checkbox"/> Y-D<br><input type="checkbox"/> Y-G  | <b>550 ONLY OPTIONS</b><br><input type="checkbox"/> Gluteal shaper (tricot gusset only)<br><input type="checkbox"/> Hallux ease (closed toe or seamless toe cap only) |
|                       | <b>KNITTING OPTIONS</b> <input type="checkbox"/> Y knitting mark at ankle<br><input type="checkbox"/> E knitting mark at knee  |   |
|                       | <b>SILICONE TOPBAND</b><br><input type="checkbox"/> None<br><input type="checkbox"/> Profile (honeycomb pattern, 5cm wide only)<br><input type="checkbox"/> Beaded: <input type="checkbox"/> Small (2.5cm wide)<br><input type="checkbox"/> Wide (5cm wide)<br><input type="checkbox"/> Peony (beaded, 5cm wide only)  |   |
|                       | <b>SILICONE PIECES THIGH/WAIST STYLES</b><br><input type="checkbox"/> Anterior E to F (5cm wide x 8cm high)<br><input type="checkbox"/> Posterior F to G (5cm wide x 8cm high)<br><input type="checkbox"/> Lateral E/F to G (15cm wide x 5cm high)   |   |
|                       | <b>ANTI-SLIP SILICONE DOTS</b><br><input type="checkbox"/> along the oblique border (thigh & waist only)<br><input type="checkbox"/> vertically above E (thigh & waist only)<br><input type="checkbox"/> rear over seam (thigh & waist only)<br><input type="checkbox"/> sole of the foot (6cm x 4.5cm)<br><b>All others fixed size 10cm x 4.5cm.</b>  |   |
|                       | <b>OBLIQUE ENDING</b><br><input type="checkbox"/> Standard <input type="checkbox"/> Steep<br><input type="checkbox"/> Straight   |   |
|                       | <input type="checkbox"/> <b>ADDED LENGTH IN FRONT</b><br>(include K1 and K2 measurements below)<br>Needed for all thigh high stockings   |   |
|                       | <input type="checkbox"/> <b>GUSSET:</b><br>_____ Tricot (standard)<br>_____ Netting<br>_____ Compressive   | <input type="checkbox"/> <b>SUSPENSORY:</b><br>_____ Tricot<br>_____ Netting<br>_____ Compressive<br>Width _____ cm<br>Length _____ cm                                |
|                       | <b>LYMPHPADS*</b><br><input type="checkbox"/> Removeable (standard)<br>Length _____ (cm) Width _____ (cm)<br><b>OR</b> <input type="checkbox"/> Silk Lining<br>Length _____ (cm) Width _____ (cm)  |   |
|                       | Location _____   |   |
|                       | <b>ZIPPER*</b><br><input type="checkbox"/> Anterior <input type="checkbox"/> Posterior <input type="checkbox"/> Medial <input type="checkbox"/> Lateral<br><input type="checkbox"/> Y to D <input type="checkbox"/> Y to G <input type="checkbox"/> B to D <input type="checkbox"/> B to G   |   |
|                       | <b>WAISTBAND</b><br><input type="checkbox"/> Adjustable (Standard) <input type="checkbox"/> Velcro<br><input type="checkbox"/> Silicone beaded (5cm wide) <input type="checkbox"/> Knitted ending  |   |
|                       | <b>LEVAPAD SILICONE ANKLE PADS*</b> Add 1 cm to CY measurement per pad.<br><input type="checkbox"/> Left: <input type="checkbox"/> Inner <input type="checkbox"/> Outer <input type="checkbox"/> Permanent <input type="checkbox"/> Removeable<br><input type="checkbox"/> Right: <input type="checkbox"/> Inner <input type="checkbox"/> Outer <input type="checkbox"/> Permanent <input type="checkbox"/> Removeable   |   |