

mediven® flat-knit lower extremity Custom Order Form

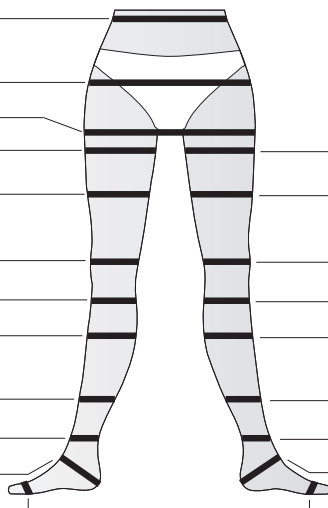
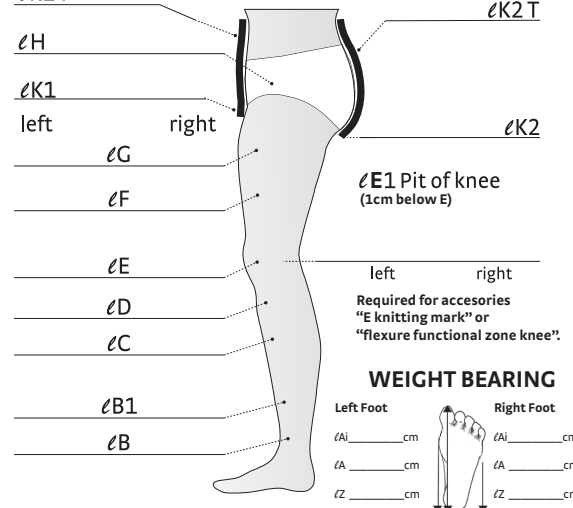
Customer Name _____ Account # _____

P.O.# _____ Patient Name _____ Date Measured _____

Measured By _____ Exact Reorder Number _____

Bill to: _____ Ship to: _____

Please specify/draw the exact area in the notes. *Requires 5 additional working days for production. **Skin measurements optional.

<p>Circumferences c – left</p> <table style="width: 100%;"> <tr> <td style="width: 50%;">Skin**</td> <td style="width: 50%;">Tension measurements</td> </tr> <tr><td>cT</td><td></td></tr> <tr><td>cH</td><td></td></tr> <tr><td>cK</td><td></td></tr> <tr><td>cG</td><td></td></tr> <tr><td>cF</td><td></td></tr> <tr><td>cE</td><td></td></tr> <tr><td>cD</td><td></td></tr> <tr><td>cC</td><td></td></tr> <tr><td>CB1</td><td></td></tr> <tr><td>cB</td><td></td></tr> <tr><td>cY</td><td></td></tr> <tr><td>cA</td><td></td></tr> </table>	Skin**	Tension measurements	cT		cH		cK		cG		cF		cE		cD		cC		CB1		cB		cY		cA		<p>Circumferences c – right</p> <table style="width: 100%;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;">Tension measurements</td> </tr> <tr><td></td><td>cG</td></tr> <tr><td></td><td>cF</td></tr> <tr><td></td><td>cE</td></tr> <tr><td></td><td>cD</td></tr> <tr><td></td><td>cC</td></tr> <tr><td></td><td>CB1</td></tr> <tr><td></td><td>cB</td></tr> <tr><td></td><td>cY</td></tr> <tr><td></td><td>cA</td></tr> </table>		Tension measurements		cG		cF		cE		cD		cC		CB1		cB		cY		cA
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<p>Lengths ℓ (Taken along the contour; all landmarks from floor) (length of T required for thigh high with waist attachment)</p> <table style="width: 100%;"> <tr> <td style="width: 50%;">ℓK1T</td> <td style="width: 50%;">ℓK2T</td> </tr> <tr> <td>ℓH</td> <td></td> </tr> <tr> <td>ℓK1</td> <td></td> </tr> <tr> <td>left</td> <td>right</td> </tr> <tr> <td>ℓG</td> <td>ℓK2</td> </tr> <tr> <td>ℓF</td> <td>ℓE1 Pit of knee (1cm below E)</td> </tr> <tr> <td>ℓE</td> <td>left right</td> </tr> <tr> <td>ℓD</td> <td>Required for accessories "E knitting mark" or "flexure functional zone knee".</td> </tr> <tr> <td>ℓC</td> <td></td> </tr> <tr> <td>ℓB1</td> <td>WEIGHT BEARING</td> </tr> <tr> <td>ℓB</td> <td>Left Foot Right Foot</td> </tr> <tr> <td></td> <td>ℓAi _____ cm ℓAi _____ cm</td> </tr> <tr> <td></td> <td>ℓA _____ cm ℓA _____ cm</td> </tr> <tr> <td></td> <td>ℓZ _____ cm ℓZ _____ cm</td> </tr> </table> 		ℓK1T	ℓK2T	ℓH		ℓK1		left	right	ℓG	ℓK2	ℓF	ℓE1 Pit of knee (1cm below E)	ℓE	left right	ℓD	Required for accessories "E knitting mark" or "flexure functional zone knee".	ℓC		ℓB1	WEIGHT BEARING	ℓB	Left Foot Right Foot		ℓAi _____ cm ℓAi _____ cm		ℓA _____ cm ℓA _____ cm		ℓZ _____ cm ℓZ _____ cm																		
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Material	<input type="checkbox"/> mediven mondi 350 (CCL 1,2,3) <input type="checkbox"/> mediven cosy 450 (CCL 1,2,3) <input type="checkbox"/> mediven 550 (CCL 1,2,3,4)	Compression CCL 1 2 3 4	<input type="checkbox"/> Sand <input type="checkbox"/> Caramel <input type="checkbox"/> Black <input type="checkbox"/> Cashmere <input type="checkbox"/> Navy <input type="checkbox"/> Anthracite	Trend colors*	<input type="checkbox"/> medi Magenta <input type="checkbox"/> Cherry-red <input type="checkbox"/> Blue-Jeans <input type="checkbox"/> Violet <input type="checkbox"/> Grey	Quantity	Foot
	Panty section <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Left leg <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Right leg <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 = 18-21 mmHg 2 = 23-32 mmHg 3 = 34-46 mmHg 4 = 49-60 mmHg				<input type="checkbox"/> Left _____ <input type="checkbox"/> Right _____ <input type="checkbox"/> Pair _____	<input type="checkbox"/> closed toe <input type="checkbox"/> varus toe ease zone (except mondi 350) <input type="checkbox"/> left <input type="checkbox"/> right <input type="checkbox"/> netting (550 only) <input type="checkbox"/> open toe <input type="checkbox"/> hallux ease (except mondi 350) <input type="checkbox"/> left <input type="checkbox"/> right <input type="checkbox"/> with seamless toe cap	

Variations	Proximal border	Accessories	Waist	Gusset <input type="checkbox"/> Suspensory
<input type="checkbox"/> below knee (AD) <input type="checkbox"/> thigh-length (AG) (ℓK2 required) <input type="checkbox"/> pantyhose (AT) <input type="checkbox"/> men's leotard (ATH) <input type="checkbox"/> maternity panty (ATU) <input type="checkbox"/> one-legged panty (ATE) <input type="checkbox"/> BT / B1T / CT / ET / FT	<input type="checkbox"/> standard oblique <input type="checkbox"/> steep oblique <input type="checkbox"/> straight	<input type="checkbox"/> Extension to sole of foot <input type="checkbox"/> Y knitting mark at the heel <input type="checkbox"/> E knitting mark at the knee <input type="checkbox"/> flexure functional zone knee (except mondi 350) <input type="checkbox"/> extra leg length (ℓK1 needed)	<input type="checkbox"/> perforated tape (adjustable) <input type="checkbox"/> waistband <input type="checkbox"/> knitted border <input type="checkbox"/> silicone dot topband <input type="checkbox"/> Velcro	<input type="checkbox"/> tricot (standard) length _____ cm <input type="checkbox"/> netting width _____ cm <input type="checkbox"/> compressive <input type="checkbox"/> Gluteal shaper (except mondi 350) Zipper from landmark _____ to landmark _____ <input type="checkbox"/> anterior <input type="checkbox"/> posterior <input type="checkbox"/> medial <input type="checkbox"/> lateral

Other accessories		
Position	Topband piece	Anti-slip dots Fixed size
<input type="checkbox"/> along the oblique border <input type="checkbox"/> lengthways over E <input type="checkbox"/> rear over seam <input type="checkbox"/> on the sole	<input type="checkbox"/> 15 x 5 cm <input type="checkbox"/> 8 x 5 cm <input type="checkbox"/> 8 x 5 cm <input type="checkbox"/> 5 x 5 cm	<input type="checkbox"/> 10 x 4.5 cm <input type="checkbox"/> 10 x 4.5 cm <input type="checkbox"/> 10 x 4.5 cm <input type="checkbox"/> 6 x 4.5 cm
Silver	<input type="checkbox"/> "Y" to C <input type="checkbox"/> "Y" to D <input type="checkbox"/> "Y" to G <input type="checkbox"/> "A" to C <input type="checkbox"/> "A" to D <input type="checkbox"/> "A" to G (only mediven mondi) <input type="checkbox"/> left <input type="checkbox"/> right	
<input type="checkbox"/> Lymphpad† <input type="checkbox"/> Silk Lining† <input type="checkbox"/> Pocket† <input type="checkbox"/> Levamed† right <input type="checkbox"/> inside <input type="checkbox"/> outside <input type="checkbox"/> Permanent left <input type="checkbox"/> inside <input type="checkbox"/> outside <input type="checkbox"/> Removable		
Silicone Topband		
Silicone dot topband <input type="checkbox"/> narrow 2.5 cm <input type="checkbox"/> wide 5 cm <input type="checkbox"/> Motif 5 cm beaded <input type="checkbox"/> Sensitive 5 cm microdot <input type="checkbox"/> Rose 5 cm solid		

Design-Elements (except mondi 350) <input type="checkbox"/> Stars <input type="checkbox"/> Pyramids <input type="checkbox"/> Ribs
Fashion-Elements* Colors <input type="checkbox"/> Berry <input type="checkbox"/> Grey <input type="checkbox"/> Pink <input type="checkbox"/> Lilac (except mondi 350) Pattern <input type="checkbox"/> Crosses <input type="checkbox"/> Ornaments <input type="checkbox"/> Animal <input type="checkbox"/> Flower
Swarovski® Crystals: Location <input type="checkbox"/> Left ankle <input type="checkbox"/> Right ankle Pattern <input type="checkbox"/> Crystal <input type="checkbox"/> Pearl <input type="checkbox"/> Roségold

Special requests