

mediven® Flat-knit Toecaps



Customer name _____ Bill to: _____ Ship to: _____

Account # _____ P.O. # _____

Patient Name _____

	<p>Foot</p> <p>____ Left Quantity ____ Right Quantity</p> <hr/> <p>Material</p> <p><input type="checkbox"/> 550 <input type="checkbox"/> mondi</p> <hr/> <p>Style (Choose One)</p> <p><input type="checkbox"/> Seamless Toe Cap (at attachment) must be the same compression as stocking.</p> <p><input type="checkbox"/> Seamed Toe Cap (at Attachment) can be a different compression than stocking. Distance from A-A1 is reduced.</p> <p><input type="checkbox"/> Individual Toe Cap</p> <hr/> <p>Color</p> <p><input type="checkbox"/> Caramel <input type="checkbox"/> Navy* <input type="checkbox"/> Sand <input type="checkbox"/> Cashmere* <input type="checkbox"/> Magenta* <input type="checkbox"/> Black <input type="checkbox"/> Cherry-Red* <input type="checkbox"/> Anthracite* <input type="checkbox"/> Moss-Green* <input type="checkbox"/> Aqua*</p> <p><small>*Trend colors take an extra 5 days for delivery.</small></p> <hr/> <p>Compression</p> <p><input type="checkbox"/> CCL I (18-21 mmHG) <input type="checkbox"/> CCL II (23-32 mmHG) <input type="checkbox"/> CCL III (34-46 mmHG) (550 only)</p> <hr/> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Toe Option</td> <td style="width: 50%; text-align: center;">New Design Elements:</td> </tr> <tr> <td> <input type="checkbox"/> Open Toe <input type="checkbox"/> Closed Toe <input type="checkbox"/> Without Small <small>(Choose open, closed or without if needed)</small> </td> <td style="text-align: center;"> <small>* 550 only</small> </td> </tr> </table> <hr/> <p>Lymphpad</p> <p>____ Width (cm) ____ Length (cm)</p> <p><small>(Fill in if requesting)</small> ____ Location</p>	Toe Option	New Design Elements:	<input type="checkbox"/> Open Toe <input type="checkbox"/> Closed Toe <input type="checkbox"/> Without Small <small>(Choose open, closed or without if needed)</small>	 <small>* 550 only</small>	
Toe Option	New Design Elements:					
<input type="checkbox"/> Open Toe <input type="checkbox"/> Closed Toe <input type="checkbox"/> Without Small <small>(Choose open, closed or without if needed)</small>	 <small>* 550 only</small>					



Body Works Compression
 9a U]. bUbWm4 VcXnk cf_g Wca dfYggjcb^Wca