

mediven® flat-knit lower extremity-Custom Order Form

Fax to: 703-852-4371 or email nancy@bodyworks-compression.com



Customer Name Body Works Custom Compression Account # _____

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

Measured By _____ Exact Reorder Number _____

Bill to: **Body Works Custom Compression**

Ship to: _____

355 N Cleveland Street #303

Oceanside, CA 92054

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:15%;">Skin**</td> <td style="width:35%;">Tension measurements</td> <td style="width:35%;">Tension measurements</td> <td style="width:15%;">Skin**</td> </tr> <tr> <td>cT</td> <td></td> <td></td> <td></td> </tr> <tr> <td>cH</td> <td></td> <td></td> <td></td> </tr> <tr> <td>cK</td> <td></td> <td></td> <td></td> </tr> <tr> <td>cG</td> <td></td> <td></td> <td>cG</td> </tr> <tr> <td>cF</td> <td></td> <td></td> <td>cF</td> </tr> <tr> <td>cE</td> <td></td> <td></td> <td>cE</td> </tr> <tr> <td>cD</td> <td></td> <td></td> <td>cD</td> </tr> <tr> <td>cC</td> <td></td> <td></td> <td>cC</td> </tr> <tr> <td>CB1</td> <td></td> <td></td> <td>CB1</td> </tr> <tr> <td>cB</td> <td></td> <td></td> <td>cB</td> </tr> <tr> <td>cY</td> <td></td> <td></td> <td>cY</td> </tr> <tr> <td>cA</td> <td></td> <td></td> <td>cA</td> </tr> </table>	Skin**	Tension measurements	Tension measurements	Skin**	cT				cH				cK				cG			cG	cF			cF	cE			cE	cD			cD	cC			cC	CB1			CB1	cB			cB	cY			cY	cA			cA	<p>Lengths ℓ (Taken along the contour; all landmarks from floor) (length of T required for thigh high with waist attachment)</p>
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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 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	Standard colors <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 <input type="checkbox"/> Left _____ <input type="checkbox"/> Right _____ <input type="checkbox"/> Pair _____	Foot <input type="checkbox"/> closed toe <input type="checkbox"/> varus toe ease zone (except mondi 350) left right <input type="checkbox"/> netting (550 only) <input type="checkbox"/> open toe <input type="checkbox"/> with seamless toe cap <input type="checkbox"/> hallux ease (except mondi 350) left right
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Variations <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	Proximal border <input type="checkbox"/> standard oblique <input type="checkbox"/> steep oblique <input type="checkbox"/> straight	Accessories <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)	Waist <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"/> Gusset <input type="checkbox"/> Suspensory <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
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Other accessories		
Position <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	Topband piece <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	Anti-slip dots Fixed size <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
