

mediven® flat-knit toe caps - Custom Order Form



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

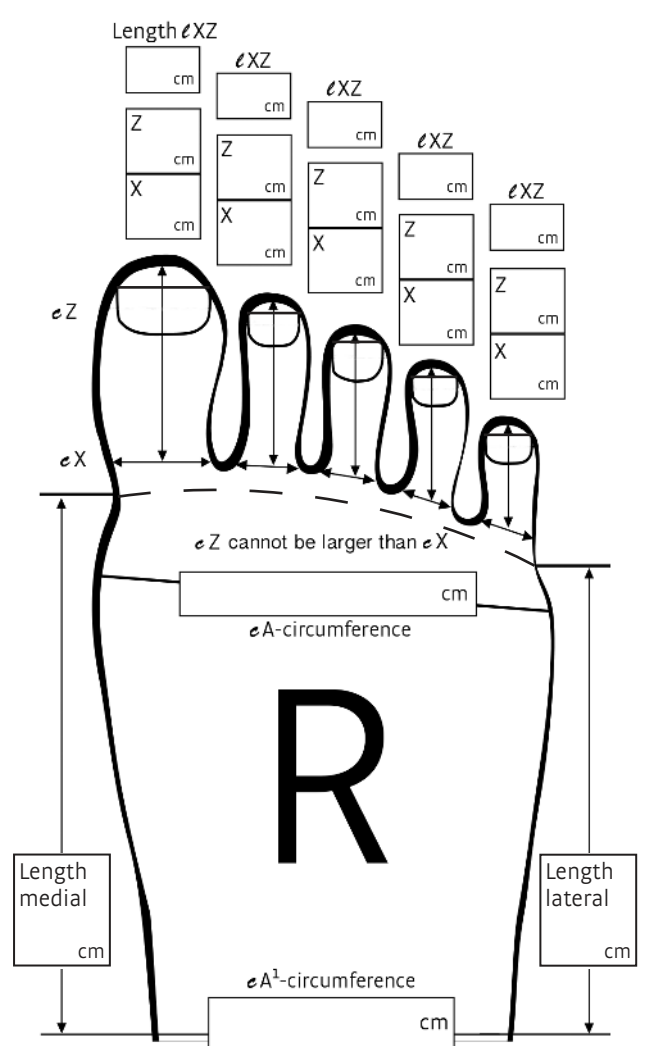
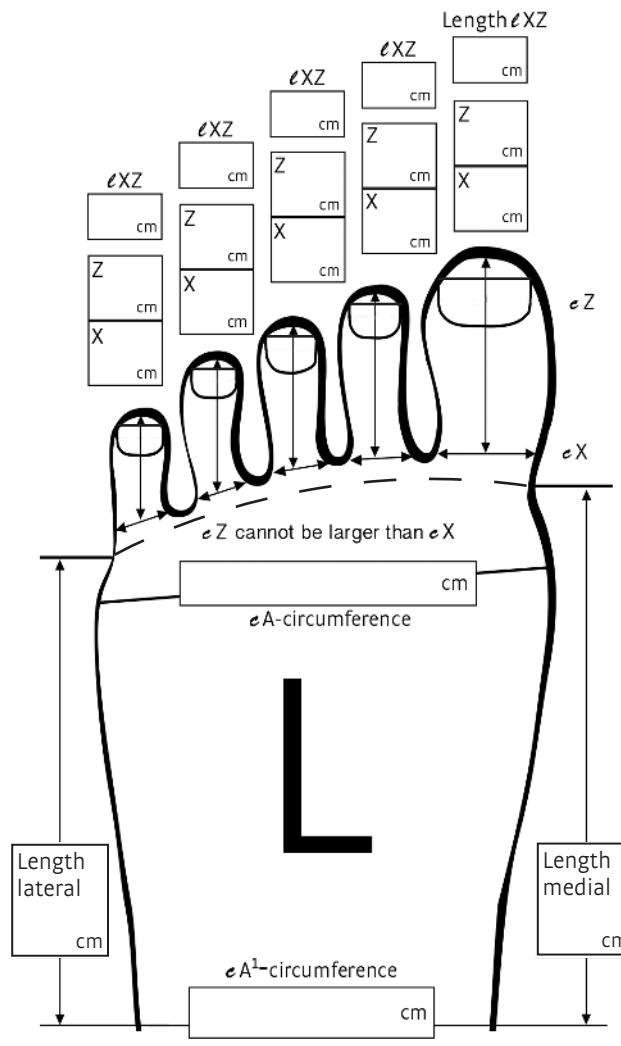
Customer Name Body Works Custom Compression Account # _____

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

Measured By _____ Exact Reorder Number _____

Bill to: **Body Works Custom Compression**
355 N Cleveland Street #303
Oceanside, CA 92054

Ship to: _____



*Requires an extra 5 days for production.

Foot	Material	Fashion Elements (except mondi 350)	
_____ Left quantity	<input type="checkbox"/> mediven 550	Colors: <input type="checkbox"/> Berry <input type="checkbox"/> Lilac <input type="checkbox"/> Pink <input type="checkbox"/> Gray	Special request: _____ _____ _____ _____ _____ _____ _____ _____
_____ Right quantity	<input type="checkbox"/> mediven cosy 450 <input type="checkbox"/> mediven mondi 350	Patterns: <input type="checkbox"/> Animal <input type="checkbox"/> Crosses <input type="checkbox"/> Flower <input type="checkbox"/> Ornaments	
Style (Choose One)		Design Elements (except mondi 350)	
<input type="checkbox"/> Seamless toe cap attached toe cap may be the same or lower CCL than stocking		<input type="checkbox"/> Stars <input type="checkbox"/> Ribs <input type="checkbox"/> Pyramids <input type="checkbox"/> Seam on lateral side of foot (individual toe cap only)	
<input type="checkbox"/> Individual toe cap		Compression:	
Standard Colors:		<input type="checkbox"/> CCL I (18-21 mmHg)	
<input type="checkbox"/> Caramel <input type="checkbox"/> Cashmere <input type="checkbox"/> Black <input type="checkbox"/> Sand		<input type="checkbox"/> CCL II (23-32 mmHg)	
<input type="checkbox"/> Anthracite <input type="checkbox"/> Navy		<input type="checkbox"/> CCL III (34-46 mmHg) (550 only)	
Trend Colors*:		Toe Options	Lymphpad (Optional)
<input type="checkbox"/> Violet <input type="checkbox"/> Blue-Jeans <input type="checkbox"/> Cherry-Red		<input type="checkbox"/> Open Toes	_____ Length (cm)
<input type="checkbox"/> medi Magenta <input type="checkbox"/> Grey		<input type="checkbox"/> Closed Toes	_____ Width (cm)
		<input type="checkbox"/> without Small Toe	_____ Location