

**Fax order to 1-888-840-0939 email [customs@mediusa.com](mailto:customs@mediusa.com)**

Customer Name \_\_\_\_\_

Account # \_\_\_\_\_

P.O.# \_\_\_\_\_

Patient Name \_\_\_\_\_

Date Measured \_\_\_\_\_

Measured By\_\_\_\_\_

Exact Reorder Number\_\_\_\_\_

Bill to: \_\_\_\_\_

Ship to: \_\_\_\_\_

Notes: \_\_\_\_\_

The diagram illustrates a human figure with measurement points for circumferences and tension measurements on both the left and right sides. The left side is labeled 'Circumferences c – left' and the right side is labeled 'Circumferences c – right'.

**Left Side Measurements:**

- Skin\*\***
- Tension measurements**
- cT
- cH
- cK
- cG<sup>P</sup>
- cF<sup>P</sup>
- cE<sup>P</sup>
- cD<sup>P</sup>
- cC<sup>P</sup>
- cB1<sup>P</sup>
- cB<sup>P</sup>
- cY<sup>P</sup>
- cA<sup>P</sup>

**Right Side Measurements:**

- Tension measurements**
- Skin\*\***
- cG<sup>P</sup>
- cF<sup>P</sup>
- cE<sup>P</sup>
- cD<sup>P</sup>
- cC<sup>P</sup>
- cB1<sup>P</sup>
- cB<sup>P</sup>
- cY<sup>P</sup>
- cA<sup>P</sup>

Lengths  $\ell$  (Taken along the contour; all landmarks from floor)  
(length of  $\ell^T$  required for thigh high with waist attachment)

$\ell K1^T$   $\ell^T$   $\ell K2^T$

$\ell H$

$\ell K1$

left right

$\ell G^P$

$\ell F^P$

$\ell E1$  Pit of knee  
(1cm below E)

$\ell E^P$

left right

$\ell D^P$

$\ell C^P$

$\ell B1^P$

$\ell B^P$

**WEIGHT BEARING**

Left Foot

$\ell A^P$  \_\_\_\_\_ cm

$\ell Ai^P$  \_\_\_\_\_ cm

$\ell Z^P$  \_\_\_\_\_ cm

Right Foot

$\ell A^P$  \_\_\_\_\_ cm

$\ell Ai^P$  \_\_\_\_\_ cm

$\ell Z^P$  \_\_\_\_\_ cm

Required for accessories  
“E knitting mark” or  
“flexure functional  
zone knee”.

\*Requires 5 additional working days for production. \*\*Skin measurements optional.  
**P** Measurement **required** for circaid profile

<b>Material</b>	<b>Compression CCL 1 2 3 4</b>	<b>Standard colors</b>	<b>Trend colors*</b>	<b>Quantity</b>	<b>Foot</b>
<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)	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"/> Sand <input type="checkbox"/> Caramel <input type="checkbox"/> Black <input type="checkbox"/> Cashmere <input type="checkbox"/> Navy <input type="checkbox"/> Anthracite	<input type="checkbox"/> medi Magenta <input type="checkbox"/> Raspberry-red <input type="checkbox"/> Mango-yellow <input type="checkbox"/> Chestnut <input type="checkbox"/> Grey	<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
<b>Variations</b>	<b>Proximal border</b>	<b>Accessories</b>	<b>Waist band</b>	<b>Gusset</b> <input type="checkbox"/> <b>Suspensory</b>	
<input type="checkbox"/> below knee (AD) <input type="checkbox"/> thigh-length (AG) (K2 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 (K1 needed)	<input type="checkbox"/> perforated tape (adjustable) <input type="checkbox"/> waistband <input type="checkbox"/> knitted border <input type="checkbox"/> Velcro <input type="checkbox"/> silicone dot topband <input type="checkbox"/> Rose 5 cm solid <input type="checkbox"/> Sensitive 5 cm microdot	<input type="checkbox"/> tricot (standard) <input type="checkbox"/> tricot (standard) <input type="checkbox"/> netting <input type="checkbox"/> netting <input type="checkbox"/> compressive <input type="checkbox"/> compressive length cm _____ width cm _____ <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	

<b>Silicone Topband</b>
<input type="checkbox"/> wide dot 5 cm <input type="checkbox"/> narrow dot 2.5 cm <input type="checkbox"/> no topband <input type="checkbox"/> Motif 5 cm beaded <input type="checkbox"/> Sensitive 5 cm microdot <input type="checkbox"/> Rose 5 cm solid

<b>Other accessories</b>		
<b>Position</b>	<b>Topband piece</b>	<b>Anti-slip dots Fixed size</b>
<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

<input type="checkbox"/> silk lining material Location: _____ (Please include drawing in Special Requests section) width _____ cm length _____ cm
<input type="checkbox"/> Lymphpad Location: _____ (Please include drawing in Special Requests section) width _____ cm length _____ cm
<input type="checkbox"/> Pocket (Please specify/draw in Special Requests section) _____ length _____ width _____




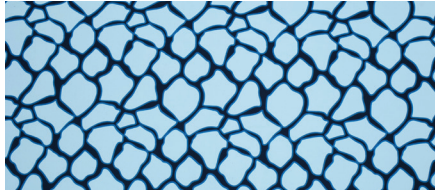
<b>Silver</b> (only mediven mondi 350)	<input type="checkbox"/> "Y" to C <input type="checkbox"/> "A" to C <input type="checkbox"/> left	<input type="checkbox"/> "Y" to D <input type="checkbox"/> "A" to D <input type="checkbox"/> right	<input type="checkbox"/> "Y" to G <input type="checkbox"/> "A" to G
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<b>Design-Elements*</b> (single-color pattern) Not available in mondi 350	<input type="checkbox"/> Stripes <input type="checkbox"/> Nature <input type="checkbox"/> Dots <input type="checkbox"/> Classic
<b>Fashion-Elements*</b> (two-toned pattern) Not available in mondi 350	<input type="checkbox"/> Stripes <input type="checkbox"/> Nature <input type="checkbox"/> Dots <input type="checkbox"/> Classic
<b>Crystal Motifs:</b> Location <input type="checkbox"/> Left ankle <input type="checkbox"/> Right ankle Pattern <input type="checkbox"/> Proud <input type="checkbox"/> Wind <input type="checkbox"/> Trio Crystal Motifs cannot be combined with Design Elements or Fashion Elements.	

<b>Levamed</b> <b>left</b> <input type="checkbox"/> medial <input type="checkbox"/> lateral <input type="checkbox"/> permanent <input type="checkbox"/> removable
<b>right</b> <input type="checkbox"/> medial <input type="checkbox"/> lateral <input type="checkbox"/> permanent <input type="checkbox"/> removable

**Special Requests:**

circaid® profile

<b>Garment options</b>		<b>Oversleeve colors</b>	
<b>Indicate sleeve length:</b> <input type="checkbox"/> A-G (default) <input type="checkbox"/> A-F <input type="checkbox"/> B1-E <input type="checkbox"/> A-E <input type="checkbox"/> B1-D <input type="checkbox"/> A-D <input type="checkbox"/> B1-C <input type="checkbox"/> A-C <input type="checkbox"/> C-G <input type="checkbox"/> A-B1 <input type="checkbox"/> C-F <input type="checkbox"/> A-B <input type="checkbox"/> C-E <input type="checkbox"/> B-G <input type="checkbox"/> C-D <input type="checkbox"/> B-F <input type="checkbox"/> D-G <input type="checkbox"/> B-E <input type="checkbox"/> D-F <input type="checkbox"/> B-D <input type="checkbox"/> D-E <input type="checkbox"/> B-C <input type="checkbox"/> E-G <input type="checkbox"/> B-B1 <input type="checkbox"/> E-F <input type="checkbox"/> B1-G <input type="checkbox"/> F-G <input type="checkbox"/> B1-F	<b>Indicate side: 1 Quantity</b> <input type="checkbox"/> Left _____ <input type="checkbox"/> Right _____ <input type="checkbox"/> Pair _____  <b>Options:</b> <input type="checkbox"/> No lateral rise at G <input type="checkbox"/> Extend foot to end of toes <input type="checkbox"/> Non-skid pad on sole (applied to oversleeve only) <input type="checkbox"/> Fused EZ-on system <input type="checkbox"/> High-energy oversleeve (not combinable with Fused EZ-on system) <input type="checkbox"/> EZ-open panel (not combinable with Fused EZ-on system) <input type="checkbox"/> Lateral rise at D	 midnight (default) Quantity _____   grey Quantity _____	 magenta Quantity _____   blue giraffe Quantity _____