

# mediven custom circular-knit lower extremity form

Fax Orders: 888-840-0939 Email: customs@mediusa.com

medi

☐ Exact Reorder (Order Number): \_\_\_\_\_

Customer Name \_\_\_\_\_ Date Measured \_\_\_\_\_

Customer No. \_\_\_\_\_ Purchase Order No. \_\_\_\_\_

Patient Name \_\_\_\_\_ Measured by \_\_\_\_\_

Billing Address \_\_\_\_\_

Shipping Address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

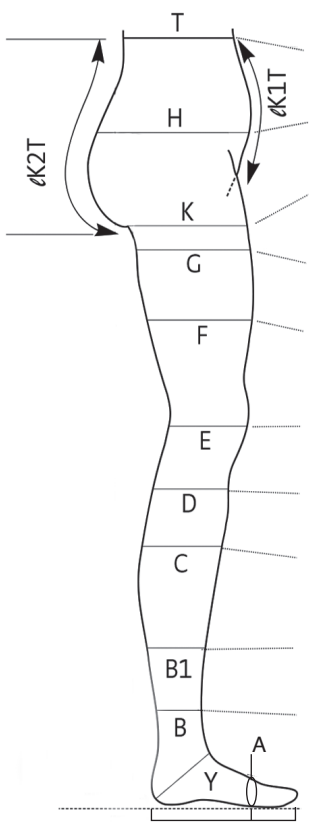
Order Date \_\_\_\_\_ Email \_\_\_\_\_

Credit Card Info \_\_\_\_\_

Shipping Method ☐ Ground OR ☐ Express\*  
☐ Second Day ☐ Next Day

*\*Only possible with mediven comfort and mediven plus.  
Express Shipping guarantees 3-day fabrication and 2-day  
shipping. 30% upcharge, plus an additional fee for Next Day.*

Contact for Confirmations (select one): ☐ Email \_\_\_\_\_ ☐ Fax \_\_\_\_\_

LEFT LEG circumference	LEFT LEG length to floor	WHERE TO MEASURE	RIGHT LEG circumference	RIGHT LEG length to floor	PANTY TOP length	KEY FOR CHART
			t cm	t cm		<b>Height measurement is from each marked body location to floor</b>
			h cm	h cm	LK1T cm	<b>LK1T</b> Measurement from pubic bone to top of garment along the anatomical contour
			k cm	k cm	LK2T cm	<b>LK2T</b> Measurement from base of the gluteal fold to top of garment along the anatomical contour
g cm	g cm		g cm	g cm		<b>t</b> Measurement at waist
f cm	f cm		f cm	f cm		<b>h</b> Measurement just above pelvic bone
e cm	e cm		e cm	e cm		<b>k</b> Measurement at top of widest part of hip
d cm	d cm		d cm	d cm		<b>g</b> Measurement at top of thigh at gluteal fold
c cm	c cm		c cm	c cm		<b>f</b> Measurement at mid thigh
b1 cm	b1 cm		b1 cm	b1 cm		<b>e</b> Measurement slightly above knee
b cm	b cm		b cm	b cm		<b>d</b> Measurement slightly below knee
y cm			y cm			<b>c</b> Measurement at widest part of calf
a cm			a cm			<b>b1</b> Measurement between ankle and waist part of calf
						<b>b</b> Measurement just above ankle bone
						<b>y</b> Measurement diagonally around heel over widest part of top of ankle
						<b>a</b> Measurement circumference of ball of foot
						<b>z</b> Measurement from heel to toe for Closed-toe stockings (enter below) or from heel to ball of foot for Open-toe stockings
						<b>z Foot Requirement (choose one):</b> Closed-Toe: full foot length is _____ cm Open-Toe: length from heel to ball of foot is _____ cm

## mediven comfort

quantity	compression	toe	colors	styles	silicone top band
_____ left _____ right _____ pairs	<input type="checkbox"/> 20-30 mmHg <input type="checkbox"/> 30-40 mmHg	<input type="checkbox"/> closed toe <input type="checkbox"/> open toe	<input type="checkbox"/> natural <input type="checkbox"/> ebony <input type="checkbox"/> wheat <input type="checkbox"/> sandstone <input type="checkbox"/> navy <input type="checkbox"/> chocolate	<input type="checkbox"/> calf <input type="checkbox"/> thigh <input type="checkbox"/> panty <input type="checkbox"/> maternity panty	<input type="checkbox"/> <b>No topband</b> <b>A-D (calf)</b> <input type="checkbox"/> beaded 2.5cm <input type="checkbox"/> beaded 5cm <input type="checkbox"/> sensitive 5cm <b>A-G (thigh)</b> <input type="checkbox"/> beaded 5cm <input type="checkbox"/> sensitive 5cm

## mediven plus

quantity	compression	toe	colors	styles
_____ left _____ right _____ pairs	<input type="checkbox"/> 20-30 mmHg <input type="checkbox"/> 30-40 mmHg <input type="checkbox"/> 40-50 mmHg	<input type="checkbox"/> closed toe <input type="checkbox"/> open toe	<input type="checkbox"/> beige <input type="checkbox"/> black	<input type="checkbox"/> calf <input type="checkbox"/> thigh <input type="checkbox"/> thigh w/waist attachment <input type="checkbox"/> panty <input type="checkbox"/> panty w/one leg <input type="checkbox"/> maternity panty <input type="checkbox"/> men's leotard <input type="checkbox"/> bike shorts <input type="checkbox"/> capri <input type="checkbox"/> leggings <input type="checkbox"/> panty w/one leg below knee, one full leg <input type="checkbox"/> leg sleeves <input type="checkbox"/> bi-lateral thigh with waist attachment
silicone top band		compressive panty		options
<input type="checkbox"/> <b>No topband</b> <b>A-D (calf)</b> <input type="checkbox"/> beaded 2.5cm <input type="checkbox"/> beaded 5cm <input type="checkbox"/> sensitive 5cm <b>A-G (thigh)</b> <input type="checkbox"/> beaded 5cm <input type="checkbox"/> sensitive 5cm		<input type="checkbox"/> 20-30 mmHg <input type="checkbox"/> 30-40 mmHg <input type="checkbox"/> 40-50 mmHg <i>**Panty compression may not be greater than legs.</i>		<input type="checkbox"/> open crotch (waist-high only)

## mediven forte

quantity	compression	toe	colors	styles
_____ left _____ right _____ pairs	<input type="checkbox"/> 30-40 mmHg <input type="checkbox"/> 40-50 mmHg	<input type="checkbox"/> closed toe <input type="checkbox"/> open toe	<input type="checkbox"/> caramel <input type="checkbox"/> cashmere <input type="checkbox"/> black <input type="checkbox"/> anthracite <input type="checkbox"/> navy <input type="checkbox"/> beige* <input type="checkbox"/> bronze* <input type="checkbox"/> rose* <input type="checkbox"/> mango-yellow* <input type="checkbox"/> raspberry-red* <input type="checkbox"/> chestnut* <input type="checkbox"/> grey* <i>*Trend colors require an additional 5 days for production. Trend colors rotate seasonally.</i>	<input type="checkbox"/> calf <input type="checkbox"/> thigh <input type="checkbox"/> thigh w/waist attachment <input type="checkbox"/> panty <input type="checkbox"/> panty w/one leg <input type="checkbox"/> maternity panty <input type="checkbox"/> men's leotard <input type="checkbox"/> bike shorts <input type="checkbox"/> capri <input type="checkbox"/> leggings <input type="checkbox"/> panty w/one leg below knee, one full leg
silicone top band		compressive panty	options	
<input type="checkbox"/> <b>No topband</b> <b>A-D (calf)</b> <input type="checkbox"/> beaded 2.5cm <input type="checkbox"/> beaded 5cm <input type="checkbox"/> sensitive 5cm <b>A-G (thigh)</b> <input type="checkbox"/> beaded 5cm <input type="checkbox"/> Motif 5cm beaded <input type="checkbox"/> Rose 5cm solid		<input type="checkbox"/> slightly <input type="checkbox"/> moderate <input type="checkbox"/> high (avail. 40-50 mmHg only) <i>**Panty compression may not be greater than legs. Exact mmHg not measurable.</i>	<input type="checkbox"/> open crotch (waist-high only) <input type="checkbox"/> soft toe (netting) <input type="checkbox"/> hallux valgus toe section (closed toe only) <input type="checkbox"/> Anti-slip-segments foot <input type="checkbox"/> Crystal Motifs <input type="checkbox"/> unilateral OR <input type="checkbox"/> bilateral <div> <div>Pattern</div> <input type="checkbox"/> proud  <input type="checkbox"/> wind  <input type="checkbox"/> trio </div>	

## mediven angio

quantity	compression	colors	styles
_____ left _____ right _____ pairs	<input type="checkbox"/> 15-20 mmHg <input type="checkbox"/> 20-30 mmHg	<input type="checkbox"/> caramel <input type="checkbox"/> black	<input type="checkbox"/> calf