

# mediven custom circular-knit lower extremity form

Fax Order to: 772-589-0306 or Email to: Sales@acols.com



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		
										<p><b>Height measurement is from each marked body location to floor</b></p> <p><b>LK1T</b> Measurement from pubic bone to top of garment along the anatomical contour</p> <p><b>LK2T</b> Measurement from base of the gluteal fold to top of garment along the anatomical contour</p> <p><b>t</b> Measurement at waist</p> <p><b>h</b> Measurement just above pelvic bone</p> <p><b>k</b> Measurement at top of widest part of hip</p> <p><b>g</b> Measurement at top of thigh at gluteal fold</p> <p><b>f</b> Measurement at mid thigh</p> <p><b>e</b> Measurement slightly above knee</p> <p><b>d</b> Measurement slightly below knee</p> <p><b>c</b> Measurement at widest part of calf</p> <p><b>b1</b> Measurement between ankle and waist part of calf</p> <p><b>b</b> Measurement just above ankle bone</p> <p><b>y</b> Measurement diagonally around heel over widest part of top of ankle</p> <p><b>a</b> Measurement circumference of ball of foot</p> <p><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</p> <p><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</p>		
<b>t</b>	cm	<b>t</b>	cm			<b>t</b>	cm	<b>t</b>	cm		LK1T	cm
<b>h</b>	cm	<b>h</b>	cm			<b>h</b>	cm	<b>h</b>	cm		LK2T	cm
<b>k</b>	cm	<b>k</b>	cm			<b>k</b>	cm	<b>k</b>	cm			
<b>g</b>	cm	<b>g</b>	cm			<b>g</b>	cm	<b>g</b>	cm			
<b>f</b>	cm	<b>f</b>	cm			<b>f</b>	cm	<b>f</b>	cm			
<b>e</b>	cm	<b>e</b>	cm			<b>e</b>	cm	<b>e</b>	cm			
<b>d</b>	cm	<b>d</b>	cm			<b>d</b>	cm	<b>d</b>	cm			
<b>c</b>	cm	<b>c</b>	cm			<b>c</b>	cm	<b>c</b>	cm			
<b>b1</b>	cm	<b>b1</b>	cm			<b>b1</b>	cm	<b>b1</b>	cm			
<b>b</b>	cm	<b>b</b>	cm			<b>b</b>	cm	<b>b</b>	cm			
<b>y</b>	cm					<b>y</b>	cm					
<b>a</b>	cm					<b>a</b>	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
<b>silicone top band</b>		<b>compressive panty</b>		<b>options</b>
<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"/> avocado-green* <input type="checkbox"/> blue-jeans* <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
<b>silicone top band</b>		<b>compressive panty</b>		<b>options</b>
<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 Pattern <input type="checkbox"/> crystal <input type="checkbox"/> pearl <input type="checkbox"/> roségold

**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



Material	Compression CCL 1 2 3 4	Standard colors	Trend colors*	Quantity	Foot
<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

Variations	Proximal border	Accessories	Waist band	Gusset	Suspensory
<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"/> netting _____ <input type="checkbox"/> compressive _____ length cm _____ width cm _____ <input type="checkbox"/> Gluteal shaper (except mondi 350)	<input type="checkbox"/> tricot (standard) _____ <input type="checkbox"/> netting _____ <input type="checkbox"/> compressive _____ length cm _____ width cm _____ Zipper from landmark _____ to landmark _____ <input type="checkbox"/> anterior <input type="checkbox"/> posterior <input type="checkbox"/> medial <input type="checkbox"/> lateral

Silicone Topband
<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

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

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 <input type="checkbox"/> left <input type="checkbox"/> right
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Design-Elements* (single-color pattern)	<input type="checkbox"/> Stripes <input type="checkbox"/> Nature <input type="checkbox"/> Dots <input type="checkbox"/> Classic
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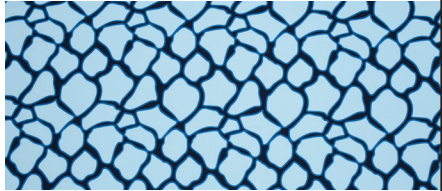
Fashion-Elements* (two-toned pattern)	<input type="checkbox"/> Stripes <input type="checkbox"/> Nature <input type="checkbox"/> Dots <input type="checkbox"/> Classic Not available in mondi 350
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Crystal Motifs:	Location <input type="checkbox"/> Left 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.
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Levamed	<input type="checkbox"/> left <input type="checkbox"/> medial <input type="checkbox"/> lateral <input type="checkbox"/> permanent <input type="checkbox"/> removable <input type="checkbox"/> right <input type="checkbox"/> medial <input type="checkbox"/> lateral <input type="checkbox"/> permanent <input type="checkbox"/> removable
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**Special Requests:**

## circaid® profile

Garment options		Oversleeve colors	
<b>Indicate sleeve length:</b> <input type="checkbox"/> A-C (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:</b> <input type="checkbox"/> Left <input type="checkbox"/> Right  <b>Options:</b> <input type="checkbox"/> No lateral rise <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 <input type="checkbox"/> EZ-open panel (not combinable with Fused EZ-on system)	<div style="background-color: black; width: 100px; height: 100px; margin-bottom: 10px;"></div> midnight (default) Quantity _____	<div style="background-color: magenta; width: 100px; height: 100px; margin-bottom: 10px;"></div> magenta Quantity _____
		<div style="background-color: grey; width: 100px; height: 100px; margin-bottom: 10px;"></div> grey Quantity _____	 blue giraffe Quantity _____

\*Requires 5 additional working days for production.

# mediven® flat-knit toe caps - Custom Order Form

Fax Order to: 772-589-0306 or Email to: Sales@acols.com



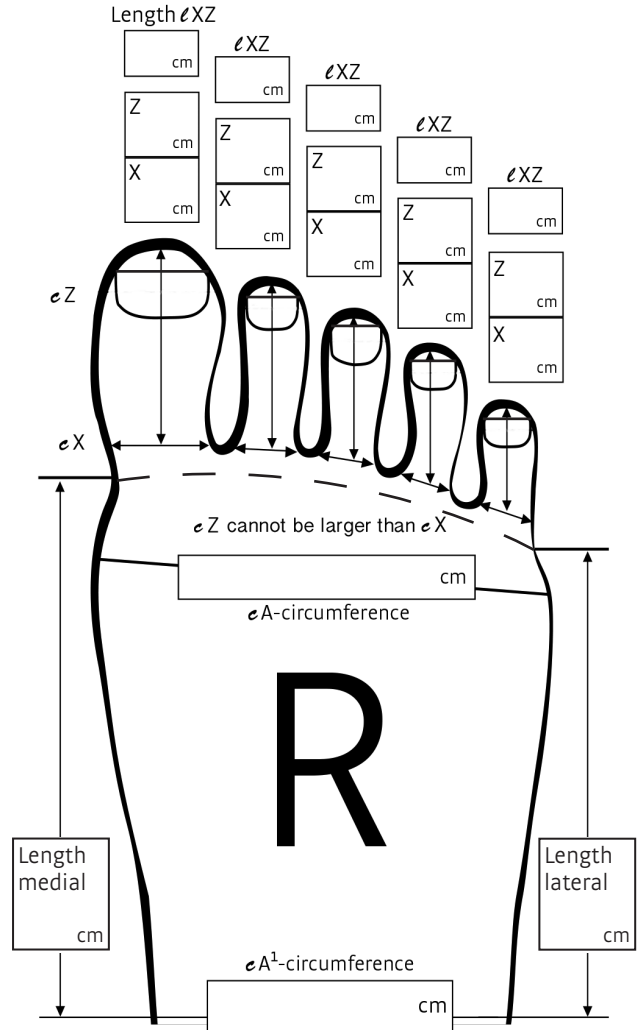
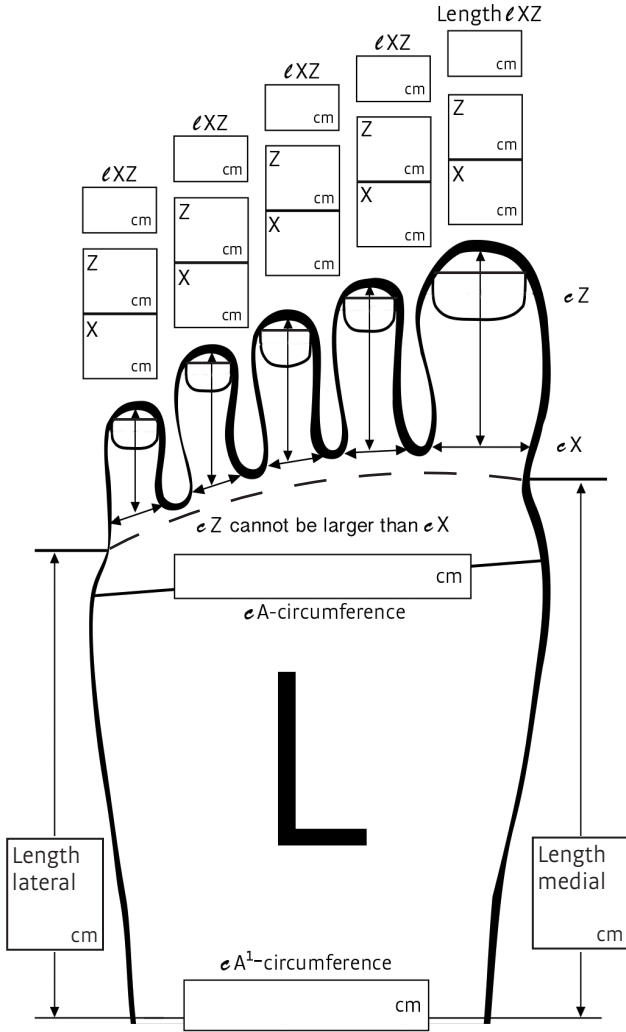
Customer Name \_\_\_\_\_ Account # \_\_\_\_\_

P.O.# \_\_\_\_\_ Patient Name \_\_\_\_\_ Date Measured \_\_\_\_\_

Measured By \_\_\_\_\_  Exact Reorder Number \_\_\_\_\_

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

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



\*Requires an extra 5 days for production.

<b>Foot</b>	<b>Material</b>	<b>Fashion Elements*</b> (two-toned pattern) not available in mondi 350
_____ Left quantity	<input type="checkbox"/> mediven 550	<input type="checkbox"/> Stripes <input type="checkbox"/> Nature <input type="checkbox"/> Dots <input type="checkbox"/> Classic
_____ Right quantity	<input type="checkbox"/> mediven cosy 450	<b>Design Elements*</b> (single-color pattern) not available in mondi 350
	<input type="checkbox"/> mediven mondi 350	<input type="checkbox"/> Stripes <input type="checkbox"/> Nature <input type="checkbox"/> Dots <input type="checkbox"/> Classic
<b>Style (Choose One)</b>		
<input type="checkbox"/> <b>Seamless toe cap</b> attached toe cap may be the same or lower CCL than stocking		<input type="checkbox"/> Seam on lateral side of foot (individual toe cap only)
<input type="checkbox"/> <b>Individual toe cap</b>		<b>Compression:</b>
<b>Standard Colors:</b>		<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)
<b>Trend Colors*:</b>		<b>Options:</b> (except mondi 350)
<input type="checkbox"/> medi Magenta <input type="checkbox"/> Chestnut <input type="checkbox"/> Mango-Yellow		<input type="checkbox"/> Hallux Ease
<input type="checkbox"/> Raspberry-red <input type="checkbox"/> Grey		<input type="checkbox"/> Varus Ease
<b>Toe Options</b>		<b>Lymphpad (Optional)</b>
<input type="checkbox"/> Open Toes		_____ Length (cm)
<input type="checkbox"/> Closed Toes		_____ Width (cm)
<input type="checkbox"/> without Small Toe		_____ Location

**Special request:**

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_