

mediven® Bolero Order Form



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

customers@mediusa.com

Customer Name _____

Bill to: _____

Account # _____

P.O.# _____

Ship to: _____

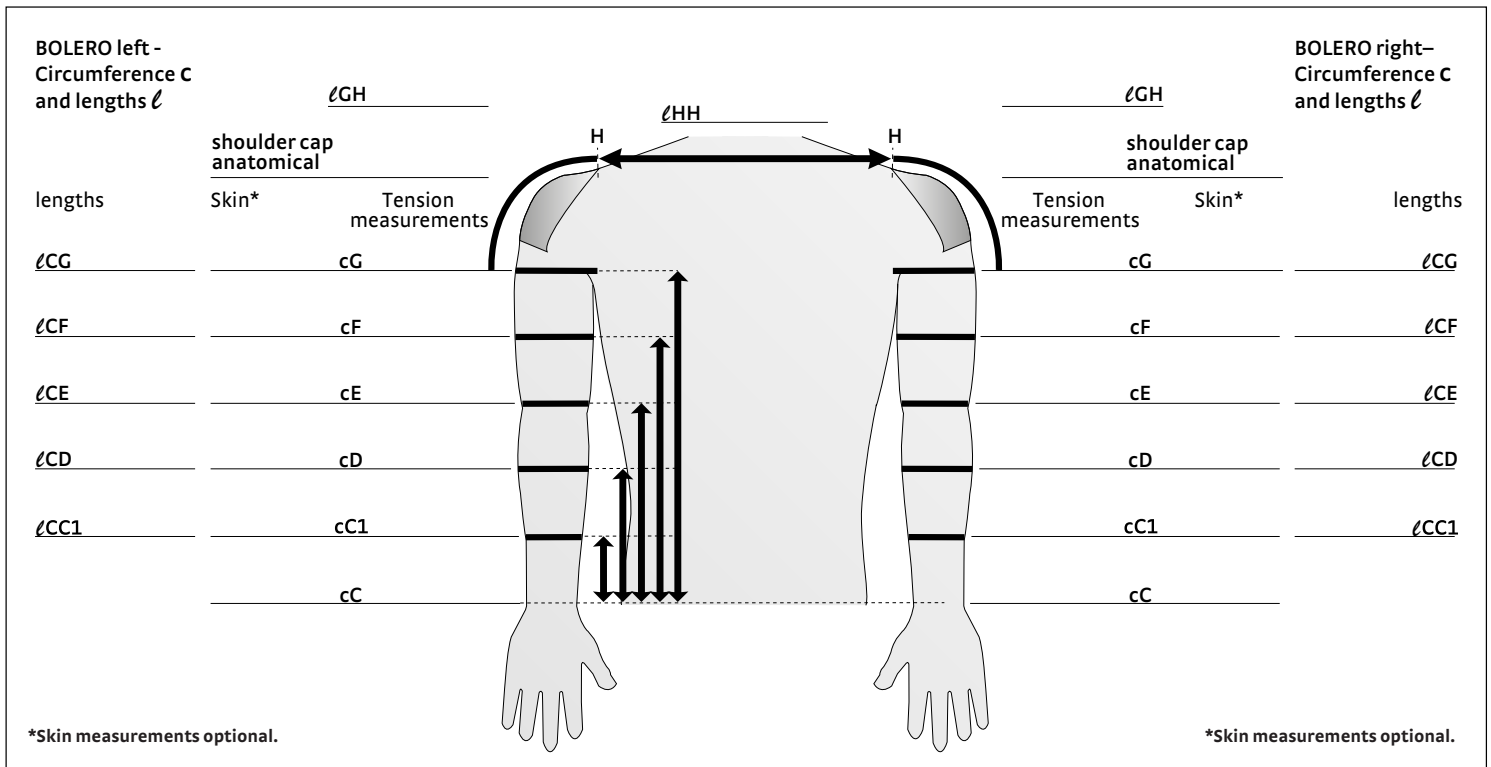
Patient Name _____

Date Measured _____

Notes: _____

Measured By _____

Exact Reorder Number _____



*Skin measurements optional.

*Skin measurements optional.

Model	Compression CCL 1 2 3	Standard colors	Trend colors*	Quantity
<input type="checkbox"/> mediven mondi 350 Arm <input type="checkbox"/> mediven 550 Arm	CCL¹ 15-21 mmHg CCL² 23-32 mmHg CCL³ 34-46 mmHg Armsleeve <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<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"/> Avocado-green <input type="checkbox"/> medi Magenta <input type="checkbox"/> Grey <input type="checkbox"/> Mango-yellow <input type="checkbox"/> Blue-jeans * Delivery period up to 10 working days	pcs. _____

Variants	Border
<input type="checkbox"/> CG	<input type="checkbox"/> flat oblique <input type="checkbox"/> steep oblique <input type="checkbox"/> straight

Accessories
Knitting marks elbow 160° (Standard) <input type="checkbox"/> 150° <input type="checkbox"/> 135° <input type="checkbox"/> Flexure functional zone elbow (only mediven 550)

Other accessories		Anti-slip-dots
Position <input type="checkbox"/> along the oblique border	Topband pieces <input type="checkbox"/> 5 x 2.5 cm <input type="checkbox"/> 5 x 5 cm <input type="checkbox"/> 10 x 5 cm	<input type="checkbox"/> 6 x 4.5 cm
_____ cm porous in armsleeve (distal - standard 2 cm)		
<input type="checkbox"/> Lymphpad <input type="checkbox"/> Lining <input type="checkbox"/> Pocket (Please specify / draw position exactly!)		
Design Elements: <input type="checkbox"/> Stripes <input type="checkbox"/> Nature (single-color pattern) <input type="checkbox"/> Dots <input type="checkbox"/> Classic		Fashion Elements: <input type="checkbox"/> Stripes <input type="checkbox"/> Nature (two-toned pattern) <input type="checkbox"/> Dots <input type="checkbox"/> Classic

mediven[®]

flat-knit arm, hand & circaid profile-

Custom Order Form



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

Customer Name _____

Bill to: _____

Account # _____

Ship to: _____

P.O.# _____

Patient Name _____

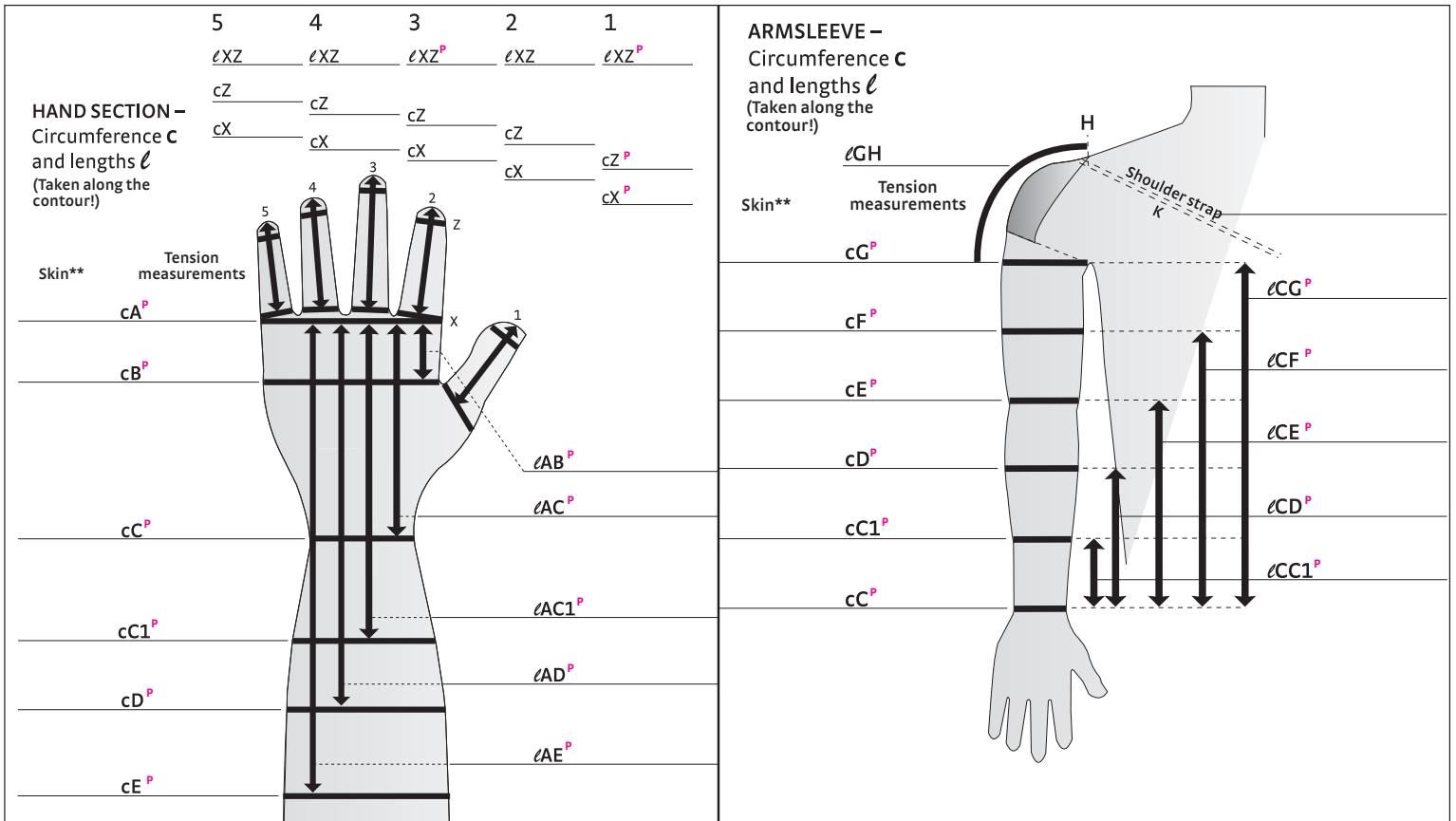
Date Measured _____

Notes: _____

Measured By _____

Exact Reorder Number _____

Page 1 of 2 (remember to fax with page 2)



^PMeasurement required for circaid profile ^{**}Skin measurements optional.

Customer Name _____ Account # _____

Patient Name _____

mediven flat knit arm & hand

Material	Compression (CCL)	Standard Colors	Trend Colors*	Qty.	Side	Handpiece
<input type="checkbox"/> mediven 550	CCL¹ 15-21 mmHg	<input type="checkbox"/> Caramel <input type="checkbox"/> Sand	<input type="checkbox"/> medi Magenta	hand pcs: _____	<input type="checkbox"/> Left	<input type="checkbox"/> gauntlet
<input type="checkbox"/> mediven mondi 350	CCL² 23-32 mmHg	<input type="checkbox"/> Cashmere <input type="checkbox"/> Navy	<input type="checkbox"/> Blue-Jeans	arm pcs: _____	<input type="checkbox"/> Right	<input type="checkbox"/> glove
	CCL³ 34-46 mmHg	<input type="checkbox"/> Black <input type="checkbox"/> Anthracite	<input type="checkbox"/> Mango-yellow			<input type="checkbox"/> Open fingers
	Hand piece <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Avocado-green			<input type="checkbox"/> Closed fingers
	Arm Sleeve <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Grey			

Style	Proximal Ending
Hand piece	<input type="checkbox"/> Straight (Porous 2cm) (Standard)
<input type="checkbox"/> AC1	<input type="checkbox"/> Flat oblique <input type="checkbox"/> Steep oblique
<input type="checkbox"/> AD/AE	<input type="checkbox"/> Flat oblique (Standard) <input type="checkbox"/> Steep oblique <input type="checkbox"/> Straight

Style circle length choice	Proximal Ending
Armsleeve	<input type="checkbox"/> Flat oblique (Standard)
<input type="checkbox"/> CG/ CD/CE/CF <small>CG is default</small>	<input type="checkbox"/> Steep oblique <input type="checkbox"/> Straight
<input type="checkbox"/> AF/AG (1-PC)	<input type="checkbox"/> Flat oblique (Standard) <input type="checkbox"/> Steep oblique <input type="checkbox"/> Straight

Topband
<input type="checkbox"/> Narrow 2.5 cm beaded
<input type="checkbox"/> Wide 5 cm beaded
<input type="checkbox"/> Sensitive 5 cm microdot
<input type="checkbox"/> Motif 5 cm beaded
<input type="checkbox"/> Rose 5 cm solid
<input type="checkbox"/> None

Accessories		
Position	Topband Piece (sewn into the garment) Sizes	Anti-slip dots (applied directly to the garment) Fixed size
<input type="checkbox"/> Along the oblique border	<input type="checkbox"/> 5 X 2.5 cm <input type="checkbox"/> 5 X 5 cm <input type="checkbox"/> 5 X 10 cm <input type="checkbox"/> 15 X 2.5 cm	<input type="checkbox"/> 6 X 4.5 cm
<input type="checkbox"/> On the palm	<input type="checkbox"/> 5 X 5 cm	<input type="checkbox"/> 6 X 4.5 cm




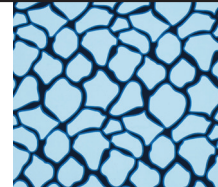
Design Elements: (single-color pattern)	<input type="checkbox"/> Stripes <input type="checkbox"/> Nature <input type="checkbox"/> Dots <input type="checkbox"/> Classic	Fashion Elements: (two-toned pattern)	<input type="checkbox"/> Stripes <input type="checkbox"/> Nature <input type="checkbox"/> Dots <input type="checkbox"/> Classic
--	--	--	--

Crystal Motifs: Location: Lower arm Upper arm Pattern: Crystal Pearl Roségold
Crystal Motifs cannot be combined with Design Elements or Fashion Elements.

Other Accessories	Shoulder Attachments
Knitting marks at elbow: <input type="checkbox"/> 160° (standard) <input type="checkbox"/> 150° <input type="checkbox"/> 135°	<input type="checkbox"/> Shoulder cap standard <input type="checkbox"/> Shoulder cap anatomical* _____ cm
<input type="checkbox"/> Elbow flexure functional zone (550 only)	<input type="checkbox"/> Shoulder strap width: <input type="checkbox"/> 2.5 cm (adjustable) <input type="checkbox"/> 5 cm (velcro)
<input type="checkbox"/> Additional porous row ending (50% COMPRESSION) _____ cm	<input type="checkbox"/> Bra attachment width of bra strap: _____ cm

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

circaid[®] profile

Garment options		Oversleeve colors			
Indicate sleeve length: <input type="checkbox"/> A-G (default) <input type="checkbox"/> C-G <input type="checkbox"/> A-C1 <input type="checkbox"/> C-C1 <input type="checkbox"/> A-D <input type="checkbox"/> C-D <input type="checkbox"/> A-E <input type="checkbox"/> C-E <input type="checkbox"/> A-F <input type="checkbox"/> C-F	Indicate side: <input type="checkbox"/> Left <input type="checkbox"/> Right Options: <input type="checkbox"/> No thumb <input type="checkbox"/> No lateral rise <input type="checkbox"/> Finger foam zones <input type="checkbox"/> Fused EZ-on system <input type="checkbox"/> High-energy oversleeve** <input type="checkbox"/> Split sleeve **				
		midnight (default) Quantity _____	magenta Quantity _____	grey Quantity _____	blue giraffe Quantity _____

*Requires 5 additional working days for production. †Measure shoulder width from front to back, around the arm
** Includes Fused EZ-on system

mediven[®]

flat-knit arm, hand & circaid profile- Custom Order Form



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

Customer Name _____

Bill to: _____

Account # _____

Ship to: _____

P.O.# _____

Patient Name _____

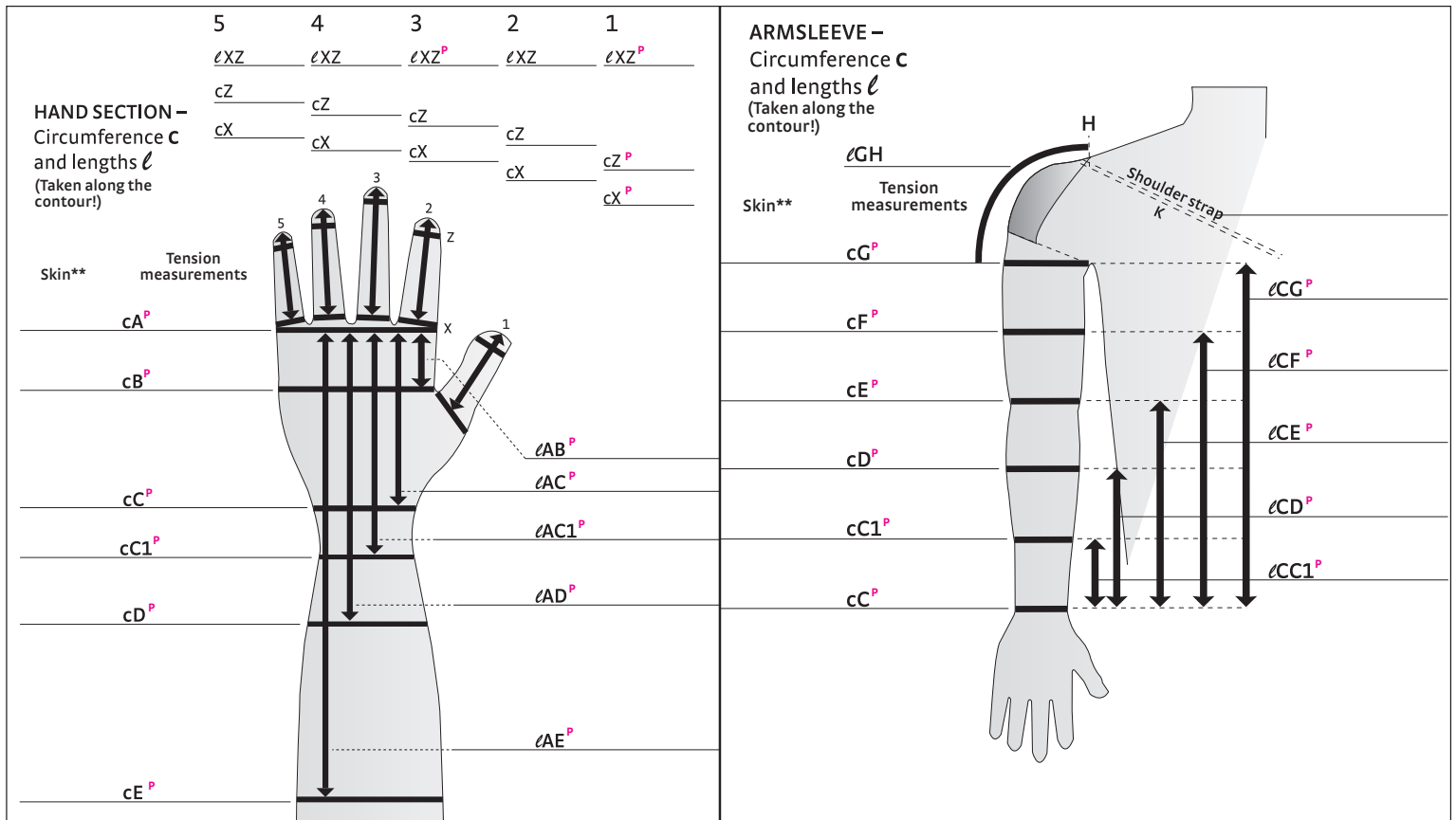
Date Measured _____

Notes: _____

Measured By _____

Exact Reorder Number _____

Page 1 of 2 (remember to fax with page 2)



^PMeasurement required for circaid profile ^{**}Skin measurements optional.

Customer Name _____ Account # _____

Patient Name _____

mediven flat knit arm & hand

Material	Compression (CCL)	Standard Colors	Trend Colors*	Qty.	Side	Handpiece
<input type="checkbox"/> mediven 550 <input type="checkbox"/> mediven mondi 350	CCL¹ 15-21 mmHg CCL² 23-32 mmHg CCL³ 34-46 mmHg Hand piece <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Arm Sleeve <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Caramel <input type="checkbox"/> Sand <input type="checkbox"/> Cashmere <input type="checkbox"/> Navy <input type="checkbox"/> Black <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	hand pcs: _____ arm pcs: _____	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> gauntlet <input type="checkbox"/> glove <input type="checkbox"/> Open fingers <input type="checkbox"/> Closed fingers

Style	Proximal Ending
Hand piece <input type="checkbox"/> AC1 <input type="checkbox"/> AD/AE	<input type="checkbox"/> Straight (Porous 2cm) (Standard) <input type="checkbox"/> Flat oblique <input type="checkbox"/> Steep oblique <input type="checkbox"/> Flat oblique (Standard) <input type="checkbox"/> Steep oblique <input type="checkbox"/> Straight

Style <small>circle length choice</small>	Proximal Ending
Armsleeve <input type="checkbox"/> CG/ CD/CE/CF <small>CG is default</small> <input type="checkbox"/> AF/AG (1-PC)	<input type="checkbox"/> Flat oblique (Standard) <input type="checkbox"/> Steep oblique <input type="checkbox"/> Straight <input type="checkbox"/> Flat oblique (Standard) <input type="checkbox"/> Steep oblique <input type="checkbox"/> Straight

Topband
<input type="checkbox"/> Narrow 2.5 cm beaded <input type="checkbox"/> Wide 5 cm beaded <input type="checkbox"/> Sensitive 5 cm microdot <input type="checkbox"/> Motif 5 cm beaded <input type="checkbox"/> Rose 5 cm solid <input type="checkbox"/> None




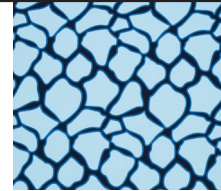
Accessories		
Position	Topband Piece <small>(sewn into the garment)</small> Sizes	Anti-slip dots <small>(applied directly to the garment)</small> Fixed size
<input type="checkbox"/> Along the oblique border <input type="checkbox"/> On the palm	<input type="checkbox"/> 5 X 2.5 cm <input type="checkbox"/> 5 X 5 cm <input type="checkbox"/> 5 X 10 cm <input type="checkbox"/> 15 X 2.5 cm <input type="checkbox"/> 5 X 5 cm	<input type="checkbox"/> 6 X 4.5 cm <input type="checkbox"/> 6 X 4.5 cm
Design Elements: <small>(single-color pattern)</small> <input type="checkbox"/> Stripes <input type="checkbox"/> Nature <input type="checkbox"/> Dots <input type="checkbox"/> Classic	Fashion Elements: <small>(two-toned pattern)</small> <input type="checkbox"/> Stripes <input type="checkbox"/> Nature <input type="checkbox"/> Dots <input type="checkbox"/> Classic	Crystal Motifs: <i>Location:</i> <input type="checkbox"/> Lower arm <input type="checkbox"/> Upper arm <i>Pattern:</i> <input type="checkbox"/> Proud <input type="checkbox"/> Wind <input type="checkbox"/> Trio

Crystal Motifs cannot be combined with Design Elements or Fashion Elements.

Other Accessories	Shoulder Attachments
Knitting marks at elbow: <input type="checkbox"/> 160° (standard) <input type="checkbox"/> 150° <input type="checkbox"/> 135° <input type="checkbox"/> Elbow flexure functional zone (550 only) <input type="checkbox"/> Additional porous row ending (50% COMPRESSION) _____ cm	<input type="checkbox"/> Shoulder cap standard <input type="checkbox"/> Shoulder cap anatomical† _____ cm <input type="checkbox"/> Shoulder strap width: <input type="checkbox"/> 2.5 cm (adjustable) <input type="checkbox"/> 5 cm (velcro) <input type="checkbox"/> Bra attachment width of bra strap: _____ 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) _____ length _____ width _____	Special Requests:
--	--

circaid® profile

Garment options		Oversleeve colors			
Indicate sleeve length: <input type="checkbox"/> A-G (default) <input type="checkbox"/> C-G <input type="checkbox"/> A-C1 <input type="checkbox"/> C-C1 <input type="checkbox"/> A-D <input type="checkbox"/> C-D <input type="checkbox"/> A-E <input type="checkbox"/> C-E <input type="checkbox"/> A-F <input type="checkbox"/> C-F	Indicate side: <input type="checkbox"/> Left <input type="checkbox"/> Right Options: <input type="checkbox"/> No thumb <input type="checkbox"/> No lateral rise <input type="checkbox"/> Finger foam zones <input type="checkbox"/> Fused EZ-on system <input type="checkbox"/> High-energy oversleeve** <input type="checkbox"/> Split sleeve**	 midnight (default) Quantity _____	 magenta Quantity _____	 grey Quantity _____	 blue giraffe Quantity _____

*Requires 5 additional working days for production. †Measure shoulder width from front to back, around the arm
 ** Includes Fused EZ-on system