



Insurance Covered  
**COMPRESSION  
THERAPY**

Phone 309-664-7930 • Fax 309-664-7931  
Email [orders@medsourceorders.com](mailto:orders@medsourceorders.com)

**medi**



lymphology  
measuring for  
custom-made  
inelastic circaid<sup>®</sup>  
lower extremity

medi. I feel better.



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

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

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

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

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

Telephone \_\_\_\_\_ Measured by \_\_\_\_\_

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

Shipping method: Standard (max. 5 days after complete order is received)      Second Day (extra charge)      Next Day (extra charge)

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

juxtafit® premium					
	Qty Left	Qty Right	Lateral rise (oblique)		Add pull tabs
Lower leg			No rise (default)	5cm 10cm	
Lower leg w/knee					
Knee only					
Upper leg			Yes (default)	No	
Upper leg w/knee			Yes (default)	No	
Whole leg			Yes (default)	No	

Foot options - choose one	Additional Options
<b>Standard foot options</b>	Extra Pair Undersleeves (open ended): Lower Whole Leg Leg
pac band™ (default) - compression anklets included	
single band afw™	Beige _____
juxtafit premium	Silver _____
interlocking afw	Extra Pair Undersocks (close ended): Lower Whole Leg Leg
juxtafit premium afw	
customizable interlocking afw	Beige _____
no foot	Silver _____
<b>Custom foot options</b>	Cotton Terry _____
juxtafit premium afw attached separate	<b>Compressive Undersocks</b>
<b>Cover up color</b>	15-25 mmHg 25-35 mmHg
black (default) beige	Small _____ Small _____
	Large _____ Large _____

graduate™								
	Qty Left	Qty Right	Boot style	Foam lateral rise (oblique)	Band locks	Hard sole boot	Foam liner closure	Foam liner color options
Lower leg with boot			attached (default) separate					Interior beige * red turquoise
Lower leg without boot								
Whole leg with boot			attached (default) separate					Exterior black* beige red turquoise
Whole leg without boot								
Boot only								* default
Foam pad accessory: _____ cm x _____ cm (max. 20cm x 20cm)								

# Notes on taking measurements for custom-made circaid inelastic products

• Measurements for compression garments should not be taken until the best possible decongestion effort has been achieved. Circumference and length measurements are taken in a distal to proximal sequence. Measurements should be taken with the leg extended straight, such as with a patient lying flat on a table or standing.

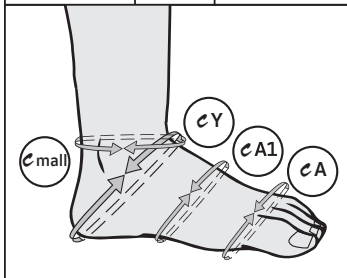
• It is essential to mark the measuring points on the leg so that the circumference and length measurements are taken at the same point.

• The circumference measurements are taken without any tension as the products are adjustable and will accommodate some changes in size. Measurements are to be taken with skin measurements. Skin measurements should be taken loosely without tension.

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

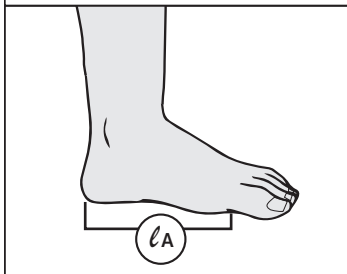
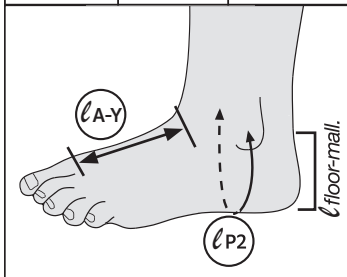
## Foot measurement Circumferences

Left in cm.		Right in cm.
	<i>c</i> mall.	
	<i>c</i> y	
	<i>c</i> A1	
	<i>c</i> A	



## Foot measurement Lengths

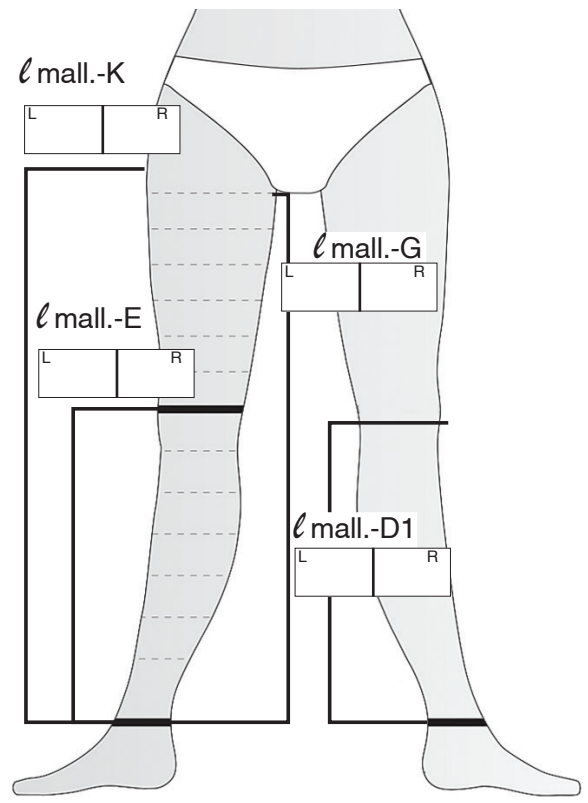
Left in cm.		Right in cm.
	<i>l</i> P2	
	<i>l</i> floor-mall.	
	<i>l</i> A - Y	
	<i>l</i> A	



## Please take measurements without tension!

### Leg measurement Circumferences

Left in cm.		Right in cm.
	85	
	80	
	75	
	70	
	65	
	60	
	55	
	50	
	45	
	40	
	35	
	30	
	25	
	20	
	15	
	10	
	05	
	<i>c</i> mall	
	<i>c</i> E*	



Measurements must be every 5cm from the starting point at the malleolus.

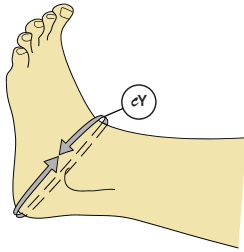
\*E = center of patella

Notes:

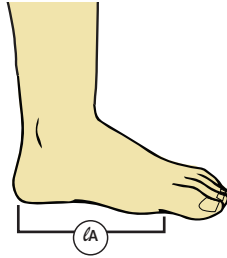
\_\_\_\_\_

# Foot & Ankle Measurements

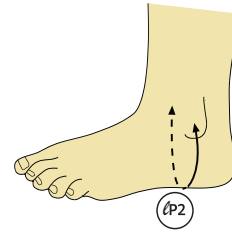
All measurements are taken in a straight line.



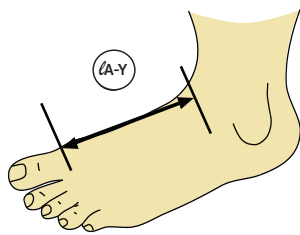
**1. Circumference (c) Y** - Measurements taken over the heel and arch in dorsal flexion with tendons taut; take physical dimensions without tension; Take soft tissue projections into account.



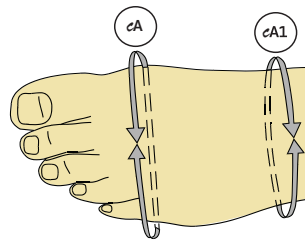
**2. Length (l) A** - Length from the base of toes to the back of the heel. (medial length)



**3. Length (l) P2** - Length from malleolus to malleolus; pass under heel.

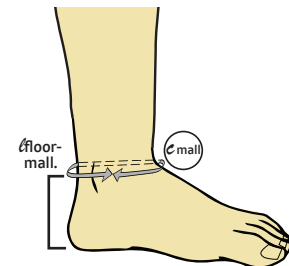


**4. Length (l) A-Y** - Length from ball of foot to where foot meets leg.



**5. Circumference (c) A** - Circumference at ball of foot.

**Circumference (c) A1** - Circumference at middle of foot.

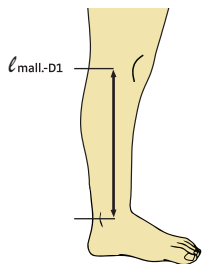


**6. Circumference (c) mall.** - Circumference at malleolus.

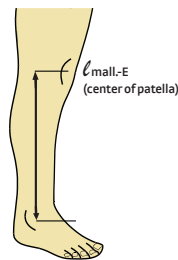
**Length (l) floor-mall.** - Length from floor to malleolus.

# Leg Measurements

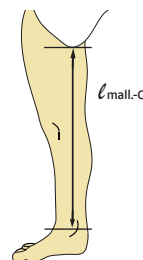
All measurements are taken in a straight line. Measurements start from malleolus, not floor. If shelves, folds or trouble areas are present please draw shape of patient's leg darker on sample or separate sheet. Pictures and contoured measurements are also helpful for challenging limb shapes.



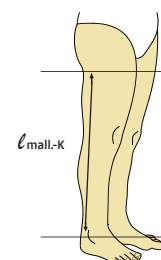
**7. Length (l) mall.-D1** - Medial length from malleolus to knee crease (where product will typically begin & end)



**8. Length (l) mall.-E** - Lateral length from malleolus to center of patella (required for all except lower leg).



**9. Length (l) mall.-G** - Medial length from malleolus to groin, far enough below pubic area that garment will not cause discomfort (required for all except lower leg). (where product will typically begin & end)



**10. Length (l) mall.-K** - Lateral length from malleolus to gluteal fold (required for all except lower leg).