

# mediven® custom circular-knit lower extremity form



Insurance Covered  
**COMPRESSION  
THERAPY**

Phone 309-664-7930 • Fax 309-664-7931

Email [orders@medsourceorders.com](mailto:orders@medsourceorders.com)



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

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

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

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

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

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

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

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

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

Shipping Method **Ground** **OR** **Express** (Express not available for chocolate and wheat color options.)  
Second Day 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>  <b>LK1T</b> Measurement from pubic bone to top of garment along the anatomical contour <b>LK2T</b> Measurement from base of the gluteal fold to top of garment along the anatomical contour <b>t</b> Measurement at waist <b>h</b> Measurement at widest part of hips <b>k</b> Measurement around both legs at level of gluteal fold <b>g</b> Measurement at top of thigh at gluteal fold <b>f</b> Measurement at mid thigh <b>e</b> Measurement slightly above knee <b>d</b> Measurement slightly below knee <b>c</b> Measurement at widest part of calf <b>b1</b> Measurement between ankle and widest 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			
						h	cm	h	cm	LK1T	cm				
						k	cm	k	cm	LK2T	cm				
g	cm	g	cm					g	cm	g	cm				
f	cm	f	cm					f	cm	f	cm				
e	cm	e	cm					e	cm	e	cm				
d	cm	d	cm					d	cm	d	cm				
c	cm	c	cm					c	cm	c	cm				
b1	cm	b1	cm					b1	cm	b1	cm				
b	cm	b	cm					b	cm	b	cm				
y	cm							y	cm						
a	cm							a	cm						

**mediven comfort**

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

**mediven plus**

quantity	compression	toe	colors	styles
_____ left _____ right _____ pairs	20-30 mmHg 30-40 mmHg 40-50 mmHg	closed toe open toe	beige black	calf thigh thigh w/waist attachment panty panty w/one leg maternity panty men's leotard bike shorts capri leggings panty w/one leg below knee, one full leg leg sleeves bilateral thigh with waist attachment
<b>silicone top band</b>		<b>compressive panty<sup>1</sup></b>		<b>options</b>
<b>No topband</b> <b>A-D (calf)</b> beaded 2.5cm beaded 5cm sensitive 5cm	<b>A-G (thigh)</b> beaded 5cm sensitive 5cm	20-30 mmHg 30-40 mmHg 40-50 mmHg		open crotch (waist-high only)

**mediven forte**

quantity	compression	toe	colors	styles
_____ left _____ right _____ pairs	30-40 mmHg 40-50 mmHg	closed toe open toe	sand caramel black cashmere navy anthracite grey beige* chestnut* russet-red* light-blue* sage-green* lilac*	calf thigh thigh w/waist attachment panty panty w/one leg maternity panty men's leotard bike shorts capri leggings panty w/one leg below knee, one full leg
<b>silicone top band</b>		<b>compressive panty<sup>1</sup></b>		<b>options</b>
<b>No topband</b> <b>A-D (calf)</b> beaded 2.5cm beaded 5cm sensitive 5cm	<b>A-G (thigh)</b> beaded 5cm sensitive 5cm Motif 5cm beaded Rose 5cm solid	slightly moderate high (avail. 40-50 mmHg only)	open crotch (waist-high only) soft toe (netting) hallux valgus toe section (closed toe only) Anti-slip-segments foot	Crystal Motifs unilateral OR bilateral proud wind trio

**mediven angio - calf (closed toe)**

quantity	compression	colors
_____ left _____ right _____ pairs	15-20 mmHg 20-30 mmHg	caramel black

\*Requires 10 additional working days for production.<sup>1</sup>Panty compression may not be greater than legs. Exact mmHg not measurable.