

mediven[®]

flat-knit lower extremity

& circaid[®] profile-

Custom Order Form



Insurance Covered
COMPRESSION
THERAPY

Phone 309-664-7930 • Fax 309-664-7931
Email orders@medsourceorders.com



Customer Name _____

Account # _____

P.O.# _____

Patient Name _____

Date Measured _____

Measured By _____

Exact Reorder Number _____

Bill to: _____

Ship to: _____

Notes: _____

Circumferences c – left		Circumferences c – right	
Skin**	Tension measurements	Tension measurements	Skin**
	cT		
	cH		
	cK		
	cG ^P		cG ^P
	cF ^P		cF ^P
	cE ^P		cE ^P
	cD ^P		cD ^P
	cC ^P		cC ^P
	cB1 ^P		cB1 ^P
	cB ^P		cB ^P
	cY ^P		cY ^P
	cA ^P		cA ^P

Lengths ℓ (Taken along the contour; all landmarks from floor)
(length of T[†] required for thigh high with waist attachment)

ℓ K1T	ℓ T [†]	ℓ K2T
ℓ H		
ℓ K1		ℓ K2 ¹
left	right	
ℓ G ^P		ℓ E1 Pit of knee (at least 1cm below E)
ℓ F ^P		Required for accessories "E knitting mark" or "flexure functional zone knee".
ℓ E ^P		left right
ℓ D ^P		
ℓ C ^P		
ℓ B1 ^P		
ℓ B ^P		

WEIGHT BEARING

Left Foot	Right Foot
ℓ A ^P _____ cm	ℓ A ^P _____ cm
ℓ Ai ^P _____ cm	ℓ Ai ^P _____ cm
ℓ Z ^P _____ cm	ℓ Z ^P _____ cm

**Skin measurements optional. ^PMeasurement required for circaid profile
¹Required for all thigh-high and above garments.

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"/> medi Magenta <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"/> Grey <input type="checkbox"/> Chestnut*	<input type="checkbox"/> Russet-red* <input type="checkbox"/> Light-blue* <input type="checkbox"/> Sage-green* <input type="checkbox"/> Lilac*	<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 or cosy lateral seam) <input type="checkbox"/> netting (550 only) <input type="checkbox"/> left <input type="checkbox"/> right <input type="checkbox"/> open toe <input type="checkbox"/> hallux ease (except mondi 350) <input type="checkbox"/> left <input type="checkbox"/> right <input type="checkbox"/> toe cap ² (attached) <input type="checkbox"/> left <input type="checkbox"/> right
Variations	Proximal border	Accessories	Waist band	<input type="checkbox"/> Gusset (women) <input type="checkbox"/> Suspensory (men) _____tricot (standard) _____tricot (standard) _____netting _____netting _____compressive _____compressive length cm _____ width cm <input type="checkbox"/> Gluteal shaper (except mondi 350) Zipper from landmark _____ to landmark _____ <input type="checkbox"/> anterior <input type="checkbox"/> posterior <input type="checkbox"/> medial <input type="checkbox"/> lateral	
<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"/> BTH / B1T / CT / ET / FT	<input type="checkbox"/> standard oblique <input type="checkbox"/> steep oblique <input type="checkbox"/> straight Lateral seam <input type="checkbox"/> mediven cosy 450 (Not available in toe caps or waist attachment)	<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"/> Sensitive 5 cm microdot		

Silicone Topband

wide dot 5 cm narrow dot 2.5 cm no topband
 Motif 5 cm beaded Sensitive 5 cm microdot Rose 5 cm solid

Silver (only mediven mondi 350)

"Y" to C "Y" to D "Y" to G
 "A" to C "A" to D "A" to G
 left right

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

Design-Elements (single-color pattern) Not available in mondi 350

Stripes* Nature* Bloom* Wild*

Fashion-Elements (two-toned pattern) Not available in mondi 350

Stripes* Nature* Bloom* Wild*

Crystal Motifs: Location Left ankle Right ankle
 Pattern Proud Wind Trio
 Crystal Motifs cannot be combined with Design Elements, Fashion Elements or cosy lateral seam.

silk lining material
 Location: _____
 (Please include drawing in Special Requests section)
 width _____ cm length _____ cm


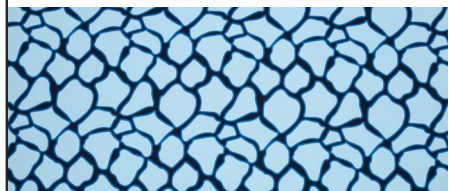

Lymphpad
 Location: _____
 (Please include drawing in Special Requests section)
 width _____ cm length _____ cm

Pocket (Please specify/draw in Special Requests section)
 _____ length _____ width

Levamed left medial lateral permanent removable
 right medial lateral permanent removable

Special Requests:

circaid® profile

Garment options		Oversleeve colors	
Indicate sleeve length: <input type="checkbox"/> A- G (default) <input type="checkbox"/> A-F <input type="checkbox"/> A-E <input type="checkbox"/> A-D <input type="checkbox"/> A-C <input type="checkbox"/> A-B <input type="checkbox"/> B-G <input type="checkbox"/> B-F <input type="checkbox"/> B-E <input type="checkbox"/> B-D <input type="checkbox"/> B-C Other Length _____	Indicate side: Quantity <input type="checkbox"/> Left _____ <input type="checkbox"/> Right _____ <input type="checkbox"/> Extra oversleeve _____ Options: <input type="checkbox"/> No lateral rise at G <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 (not combinable with Fused EZ-on system) <input type="checkbox"/> EZ-open panel (not combinable with Fused EZ-on system) <input type="checkbox"/> Lateral rise at D	 midnight (default) Quantity _____  blue giraffe Quantity _____	 magenta Quantity _____

²Toe Cap order form required. *Requires 10 additional working days for production.