

# mediven<sup>®</sup> flat-knit lower extremity & circaid<sup>®</sup> profile- Custom Order Form



Fax order to 1-888-840-0939 email [customs@mediusa.com](mailto:customs@mediusa.com)

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

\_\_\_\_\_

\_\_\_\_\_

Account # \_\_\_\_\_

P.O.# \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Date Measured \_\_\_\_\_

Measured By \_\_\_\_\_

Exact Reorder Number \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Notes: \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

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

Lengths  $\ell$  (Taken along the contour; all landmarks from floor)  
(length of T<sup>†</sup> required for thigh high with waist attachment)

$\ell$ K1T	$\ell$ T <sup>†</sup>	$\ell$ K2T
$\ell$ H		
$\ell$ K1		$\ell$ K2
left	right	
$\ell$ G <sup>P</sup>		$\ell$ E1 Pit of knee (1cm below E)
$\ell$ F <sup>P</sup>		
$\ell$ E <sup>P</sup>		left
$\ell$ D <sup>P</sup>		right
$\ell$ C <sup>P</sup>		
$\ell$ B1 <sup>P</sup>		
$\ell$ B <sup>P</sup>		

Required for accessories  
"E knitting mark" or  
"flexure functional  
zone knee".

### WEIGHT BEARING

Left Foot	Right Foot
$\ell$ A <sup>P</sup> _____ cm	$\ell$ A <sup>P</sup> _____ cm
$\ell$ Ai <sup>P</sup> _____ cm	$\ell$ Ai <sup>P</sup> _____ cm
$\ell$ Z <sup>P</sup> _____ cm	$\ell$ Z <sup>P</sup> _____ cm

\*Requires 10 additional working days for production. \*\*Skin measurements optional.  
\*Measurement required for circaid profile

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"/> Raspberry-red <input type="checkbox"/> Chestnut <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"/> with seamless toe cap <input type="checkbox"/> left <input type="checkbox"/> right

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"/> BTH / B1T / CT / ET / FT	<input type="checkbox"/> standard oblique <input type="checkbox"/> steep oblique <input type="checkbox"/> straight <b>Lateral seam</b> <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	<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"/> Motif 5 cm beaded	<input type="checkbox"/> narrow dot 2.5 cm <input type="checkbox"/> Sensitive 5 cm microdot
<input type="checkbox"/> no topband	

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

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

Silver	<input type="checkbox"/> "Y" to C <input type="checkbox"/> "A" to C <input type="checkbox"/> left	<input type="checkbox"/> "Y" to D <input type="checkbox"/> "A" to D	<input type="checkbox"/> "Y" to G <input type="checkbox"/> "A" to G
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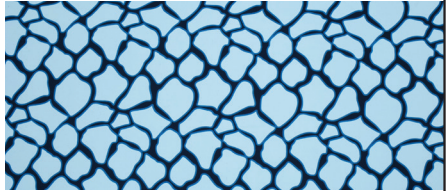
*Design-Elements	<input type="checkbox"/> Stripes <input type="checkbox"/> Nature <input type="checkbox"/> Bloom <input type="checkbox"/> Classic (single-color pattern) Not available in mondi 350
*Fashion-Elements	<input type="checkbox"/> Stripes <input type="checkbox"/> Nature <input type="checkbox"/> Bloom <input type="checkbox"/> Classic (two-toned pattern) Not available in mondi 350

**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.

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: Quantity</b> <input type="checkbox"/> Left _____ <input type="checkbox"/> Right _____ <input type="checkbox"/> Pair _____ <b>Options:</b> <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 _____  grey Quantity _____	 magenta Quantity _____  blue giraffe Quantity _____

\*Requires 10 additional working days for production.