

**medi**



lymphology  
**measuring for  
custom-made  
inelastic circaid®  
lower extremity**

**medi. I feel better.**



# Custom Legging Form

Fax Orders: 888-840-0939

Email: customs@mediusa.com

☐ Exact Reorder Order

Number: \_\_\_\_\_

**medi**

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         |          |           | <input type="checkbox"/> No rise (default) <input type="checkbox"/> 5cm <input type="checkbox"/> 10cm |               |
| Lower leg w/knee  |          |           |                                                                                                       |               |
| Knee only         |          |           |                                                                                                       |               |
| Upper leg         |          |           | <input type="checkbox"/> Yes (default) <input type="checkbox"/> No                                    |               |
| Upper leg w/knee  |          |           | <input type="checkbox"/> Yes (default) <input type="checkbox"/> No                                    |               |
| Whole leg         |          |           | <input type="checkbox"/> Yes (default) <input type="checkbox"/> No                                    |               |

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

| 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    |          |           | <input type="checkbox"/> attached (default)<br><input type="checkbox"/> separate |                             |            |                |                    | <b>Interior</b><br><input type="checkbox"/> beige *<br><input type="checkbox"/> red<br><input type="checkbox"/> turquoise<br><br><b>Exterior</b><br><input type="checkbox"/> black*<br><input type="checkbox"/> beige<br><input type="checkbox"/> red<br><input type="checkbox"/> turquoise<br><br>* default |
| Lower leg without boot |          |           |                                                                                  |                             |            |                |                    |                                                                                                                                                                                                                                                                                                              |
| Whole leg with boot    |          |           | <input type="checkbox"/> attached (default)<br><input type="checkbox"/> separate |                             |            |                |                    |                                                                                                                                                                                                                                                                                                              |
| Whole leg without boot |          |           |                                                                                  |                             |            |                |                    |                                                                                                                                                                                                                                                                                                              |
| Boot only              |          |           |                                                                                  |                             |            |                |                    |                                                                                                                                                                                                                                                                                                              |
|                        |          |           | 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.

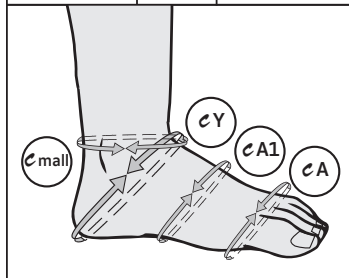
• It is essential to mark the measuring points on the leg so that the circumference and length measurements are taken at the same point.

• 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: \_\_\_\_\_

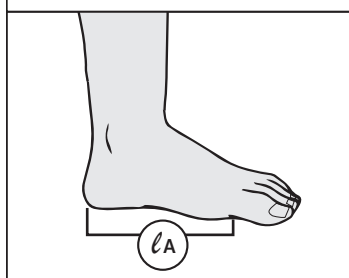
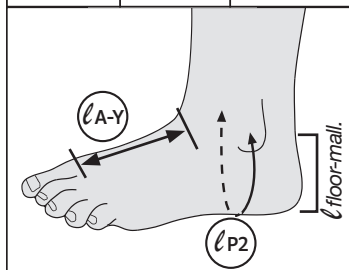
## Foot measurement Circumferences

| Left in cm. |                    | Right in cm. |
|-------------|--------------------|--------------|
|             | c <sub>mall.</sub> |              |
|             | c <sub>y</sub>     |              |
|             | c <sub>A1</sub>    |              |
|             | c <sub>A</sub>     |              |



## Foot measurement Lengths

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

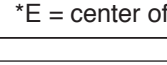
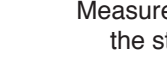
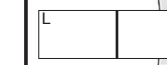
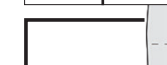


## Please take measurements without tension!

### 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                |              |
|             | c <sub>mall</sub> |              |
|             | c <sub>E*</sub>   |              |

l<sub>mall.-K</sub>



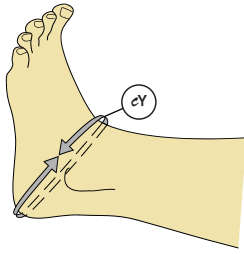
Measurements must be every 5cm from the starting point at the malleolus.

\*E = center of patella

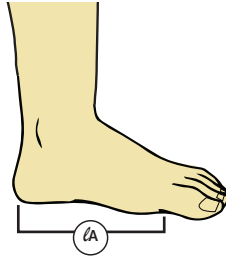
Notes:

# Foot & Ankle Measurements

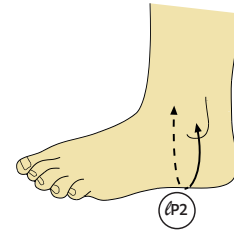
All measurements are taken in a straight line.



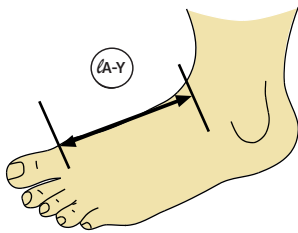
**1. Circumference (c) Y** - Measurements taken over the heel and arch in dorsal flexion with tendons taut; take physical dimensions without tension; Take soft tissue projections into account.



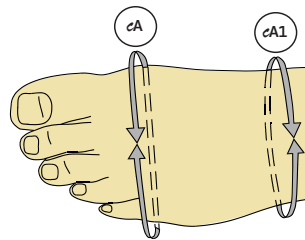
**2. Length (l) A** - Length from the base of toes to the back of the heel. (medial length)



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

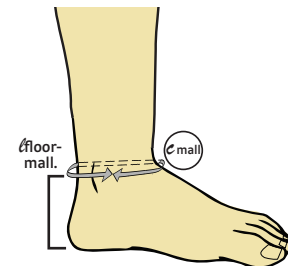


**4. Length (l) A-Y** - Length from ball of foot to where foot meets leg.



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

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

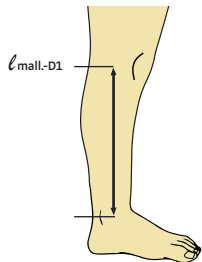


**6. Circumference (c) mall.** - Circumference at malleolus.

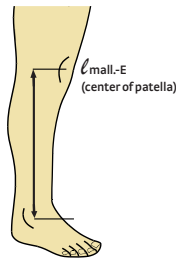
**Length (l) floor-mall.** - Length from floor to malleolus.

# Leg Measurements

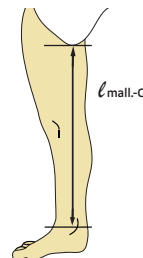
All measurements are taken in a straight line. Measurements start from malleolus, not floor. If shelves, folds or trouble areas are present please draw shape of patient's leg darker on sample or separate sheet. Pictures and contoured measurements are also helpful for challenging limb shapes.



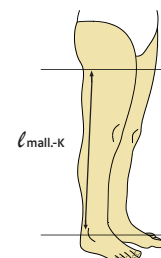
**7. Length (l) mall.-D1** - Medial length from malleolus to knee crease (where product will typically begin & end)



**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).