

custom-made circular knit stockings

Account # _____ PO# _____ Date _____

Customer Name _____ Ship to Use Account Address _____

Street _____

City _____ State _____ Zip _____

Phone _____

Patient's Name _____

Fitter's Name _____ Fitter's Email _____

Special Requests _____

Delivery Options
 Ground 3-Day 2-Day Next Day
 Express Service (30% upcharge)

MATERIAL, COLOR, COMPRESSION						OPTIONS	
mediven® comfort color <input type="checkbox"/> wheat <input type="checkbox"/> sandstone <input type="checkbox"/> natural <input type="checkbox"/> mocha <input type="checkbox"/> navy <input type="checkbox"/> ebony style <input type="checkbox"/> calf <input type="checkbox"/> thigh <input type="checkbox"/> panty <input type="checkbox"/> maternity panty		mediven® plus color <input type="checkbox"/> beige <input type="checkbox"/> black style <input type="checkbox"/> calf <input type="checkbox"/> thigh <input type="checkbox"/> thigh w/waist <input type="checkbox"/> panty <input type="checkbox"/> maternity panty <input type="checkbox"/> men's leotard <input type="checkbox"/> bike shorts <input type="checkbox"/> capri <input type="checkbox"/> legging <input type="checkbox"/> leg sleeve <input type="checkbox"/> one leg panty		mediven® forte color <input type="checkbox"/> caramel <input type="checkbox"/> black style <input type="checkbox"/> calf <input type="checkbox"/> thigh <input type="checkbox"/> thigh w/waist <input type="checkbox"/> panty <input type="checkbox"/> maternity panty <input type="checkbox"/> men's leotard <input type="checkbox"/> bike shorts <input type="checkbox"/> leg sleeve		compressive panty* <input type="checkbox"/> 20-30 <input type="checkbox"/> 30-40 <input type="checkbox"/> 40-50 <small>*Panty compression may not be greater than legs. Compressive panty is not available in comfort.</small> silicone top band mediven® comfort: beaded (A-D) <input type="checkbox"/> 2.5cm <input type="checkbox"/> 5cm beaded (A-C) <input type="checkbox"/> 5cm lace (A-C) <input type="checkbox"/> 5cm mediven® plus & forte: beaded <input type="checkbox"/> 2.5cm <input type="checkbox"/> 5cm	
LEFT LEG circumference length to floor	LEFT LEG length to floor	WHERE TO MEASURE 		RIGHT LEG circumference length to floor	RIGHT LEG length to floor	PANTY TOP length	KEY FOR CHART Height measurement is from each marked body location to floor LK1T Measurement from pubic bone to top of garment along the anatomical contour LK2T Measurement from base of the gluteal fold to top of garment along the anatomical contour t Measurement at waist h Measurement just above pelvic bone k Measurement at top of widest part of hip g Measurement at top of thigh at gluteal fold f Measurement at mid thigh e Measurement slightly above knee d Measurement slightly below knee c Measurement at widest part of calf b1 Measurement between ankle and waist part of calf b Measurement just above ankle bone a Measurement circumference of ball of foot y Measurement diagonally around heel over widest part of top of ankle z Measurement from heel to toe for Closed-toe stockings (enter below) or from heel to ball of foot for Open-toe stockings z Foot Requirement (choose one): Closed-Toe: full foot length is _____cm Open-Toe: length from heel to ball of foot is _____cm
7							
g	cm	g	cm				
f	cm	f	cm				
e	cm	e	cm				
d	cm	d	cm				
c	cm	c	cm				
b1	cm	b1	cm				
b	cm	b	cm				
a	cm						
y	cm						

Fax order to 1-800-879-2135 • email customs@mediusa.com

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