mediven[®] Flat-knit Toecaps

PO242 REV E

Customer name _____ Bill to: _____ Ship to: _____ Account # _____ P.O. # _____ Patient Name Length ℓ XZ Length *e* XZ Foot ℓXZ ℓXZ LeftQuantity **Right Quantity** cm cm ℓXZ ℓXZ cm Material Z 7 cm cm ℓXZ ℓXZ 550 mondi сm cm 7 cm Х cm cm ℓXZ cm ℓXZ Style (Choose One) X Ιx сп cm Seamless Toe Cap (at attachment) must be Ιz cm cm cm cm Ιx X the same compression as stocking. cm сm сп cm Seamed Toe Cap (at Attachment) can be Z cm cm 7 a different compression than stocking. еZ Distance from A-A1 is reduced. еZ cm cm cm Individual Toe Cap cm cm Color **C**aramel □ Navy* Cashmere* □ Magenta * □ Sand eХ eХ Cherry-Red* Anthracite* Black

