

Clinical contact: _____

Order Ref No: _____

Patient Name: _____

Measured by: _____

Date: _____

Contact Tel: _____

Email: _____

MADE TO MEASURE - HOSPITAL ORDER FORM

mediven® mondi, mediven® cosy or mediven® 550

Complete all boxes relevant to your request and email to m2m@mediuk.co.uk, along with your purchase order details.

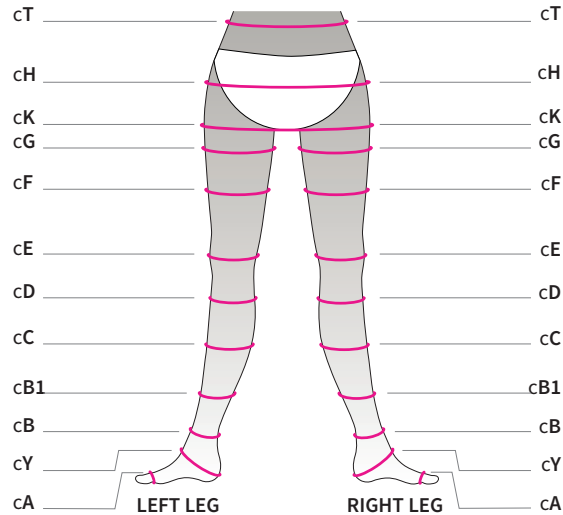
1 Fabric choice: (required) mediven mondi mediven cosy mediven 550

2 Measurements: (required)

TIGHTS OR ONE-LEGGED PANTY
THIGH OR TLWA
BELOW KNEE

Circumferences LEFT

Circumferences RIGHT



Length LEFT

Length RIGHT

lT	_____	lT	_____
lH	_____	lH	_____
lK	_____	lK	_____
lG	_____	lG	_____
lF	_____	lF	_____
lE	_____	lE	_____
lD	_____	lD	_____
lC	_____	lC	_____
lB1	_____	lB1	_____
lB	_____	lB	_____

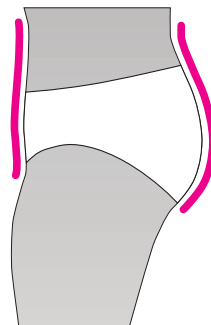
3 Foot style: (required)

- Open toe
Left - heel to base of little toe _____ cm
 heel to base of great toe _____ cm
Right - heel to base of little toe _____ cm
 heel to base of great toe _____ cm
- Closed toe
Left - heel to base of little toe _____ cm
 heel to base of great toe _____ cm
 heel to tip of longest toe _____ cm
Right - heel to base of little toe _____ cm
 heel to base of great toe _____ cm
 heel to tip of longest toe _____ cm
- Added 'Y' mark (for 90° fixed ankle flexion only)
- Added 'E' mark (for knee flexion)

4 Body measurements following contours: (Only when pant section required)

LK-T Front =
measure from groin
to panty top
LK-T Front _____ cm

LK1 =
measure from groin
to floor
LK1 _____ cm



LK-T Back =
measure from gluteal
fold to panty top
LK-T Back _____ cm

LK2 =
measure from gluteal
fold to floor
LK2 _____ cm

5 Styles: (required)

- below knee (AD)
 thigh-length (AG)
 pantyhose (AT)
 men's panty (ATH)
 maternity panty (ATU)
 one-legged panty (ATE)
 men's one legged panty

Short leg lG - lE

length _____ cm

- cycling shorts
 capri shorts
 leggings
 toe cap sewn on
(toe cap form to be completed and sent with this order)
 seamless integrated toe cap
(toe cap form to be completed and sent with this order)

6 Compression CCL: (required)

	1	2	3	4
<input type="checkbox"/> pant section	<input type="checkbox"/>	<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"/>
<input type="checkbox"/> right leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

any other request
(tick and write on the back of this form - please remember to scan/email both sides of the paper if you tick here)

7 Colour: (required)

- | | |
|--|---|
| <input type="checkbox"/> Caramel | <input type="checkbox"/> Sand |
| <input type="checkbox"/> Cashmere | <input type="checkbox"/> Black |
| <input type="checkbox"/> Navy | <input type="checkbox"/> Anthracite |
| <input type="checkbox"/> Magenta** | <input type="checkbox"/> Blue-Jeans** |
| <input type="checkbox"/> Grey** | <input type="checkbox"/> Mango-Yellow** |
| <input type="checkbox"/> Avacodo-Green** | |

**optional - extended delivery period.
If no colour specified, caramel will be supplied.

8 Accessories: (optional) (below knee only)

a) Silicone topband:
 2.5cm 5cm

Topband designs:

- sensitive rose pattern
 plain with dotted silicone

b) zips:

- Please include position and length on the reverse of this form, ie left leg, right leg, anterior, posterior, medial, lateral (and include from which measurement points, eg B1-D), etc.

c) lining/pocket:

- Please describe on reverse of this form, ie sizing, positioning, lymphad required, etc.

9 Quantity: (required)

- Pieces
 Pairs

For further information, please call 01432 373508 to speak directly with our Customer Services Team or email: m2m@mediuk.co.uk

medi does not take responsibility for contraindicated use of these garments or for incorrect measurements

medi

Drawing or positioning of zips/liners, etc.
Please detail here.

Additional information and comments



Watch our 'how to' series of educational modules
on measuring flat knit for lower limb.

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