



Customer name: _____

Customer No.: _____ Delivery address: _____

Commission: _____

Order date: _____

Stamp: _____

Signature: _____

<p>Circumferences e – left</p> <p>eT</p> <p>eH</p> <p>eK</p> <p>eG</p> <p>eF</p> <p>eE</p> <p>eD</p> <p>eC</p> <p>$eB1$</p> <p>eB</p> <p>eY</p> <p>eA</p>	<p>Circumferences e – right</p> <p>eG</p> <p>eF</p> <p>eE</p> <p>eD</p> <p>eC</p> <p>$eB1$</p> <p>eB</p> <p>eY</p> <p>eA</p>	
<p>Lengths ℓ</p> <p>$\ell K1T$</p> <p>ℓH</p> <p>$\ell K1$</p> <p>left right</p> <p>ℓG</p> <p>ℓF</p> <p>ℓE</p> <p>ℓD</p> <p>ℓC</p> <p>$\ell B1$</p> <p>ℓB</p>		<p>$\ell K2T$</p> <p>$\ell K2$</p> <p>left right</p> <p>ℓ Pit of knee</p> <p>left right</p> <p>Please specify „elliptical form“ under Special request</p>

Model	Compression CCL 1 2 3 4	Standard colours	Trend colours**	Quantity	Foot	Distal border
<input type="checkbox"/> mediven mondi (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"/>	<input type="checkbox"/> Sand <input type="checkbox"/> Caramel <input type="checkbox"/> Black <input type="checkbox"/> Cashmere	Please see www.mediuk.co.uk for list of current trend colours, Design- and Fashion-Elements	<input type="checkbox"/> pair _____ <input type="checkbox"/> pcs. _____	<input type="checkbox"/> closed toe <input type="checkbox"/> open toe <input type="checkbox"/> Hallux-ease (only mediven 550) <input type="checkbox"/> left <input type="checkbox"/> right <input type="checkbox"/> toe cap	oblique border forefoot (standard) Please specify for integration of oblique foot: ℓZ _____ cm (total) ℓAi _____ cm (inner) ℓA _____ cm (outer) <input type="checkbox"/> straight border

Variations	Proximal border	Accessories	Waist	Gusset
<input type="checkbox"/> below knee (AD) <input type="checkbox"/> thigh-length (AG) <input type="checkbox"/> pantyhose (AT) <input type="checkbox"/> men's leotard (ATH) <input type="checkbox"/> maternity panty (ATU) (only mediven 550 and mediven mondi) <input type="checkbox"/> one-legged panty (ATE) <input type="checkbox"/> BT / B1T / CT / ET / FT	flat oblique (standard) <input type="checkbox"/> steep oblique <input type="checkbox"/> straight	<input type="checkbox"/> Extension to sole of foot <input type="checkbox"/> Y knitting mark (90° heel) <input type="checkbox"/> elliptical form <input type="checkbox"/> orientation mark at „D“ (only for AG and AT) <input type="checkbox"/> extra leg length ($\ell K1$ needed) <input type="checkbox"/> _____ cm porous	<input type="checkbox"/> perforated topband <input type="checkbox"/> waistband <input type="checkbox"/> knitted border <input type="checkbox"/> silicone topband	<input type="checkbox"/> tricot <input type="checkbox"/> netting <input type="checkbox"/> compressive Panty top <input type="checkbox"/> Gluteal shaper (only mediven 550)

Other accessories			
Position	Topband piece		Anti-slip-dots
	Standard	Individual	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"/> _____ cm <input type="checkbox"/> _____ cm <input type="checkbox"/> _____ cm <input type="checkbox"/> _____ 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
Silver <input type="checkbox"/> „Y“ to C <input type="checkbox"/> „Y“ to D <input type="checkbox"/> „Y“ to G (only mediven mondi) <input type="checkbox"/> left <input type="checkbox"/> right <input type="checkbox"/> Lymphpad* <input type="checkbox"/> Padding* <input type="checkbox"/> Pocket* <input type="checkbox"/> Levamed* left <input type="checkbox"/> inside <input type="checkbox"/> outside right <input type="checkbox"/> inside <input type="checkbox"/> outside			
Attachment			
<input type="checkbox"/> profile topband (5 cm) Circumference: <input type="checkbox"/> silicone topband <input type="checkbox"/> narrow 2,5 cm <input type="checkbox"/> wide 5 cm left _____ cm <input type="checkbox"/> silicone topband with motif (5 cm) right _____ cm <input type="checkbox"/> waist attachment <input type="checkbox"/> left <input type="checkbox"/> right <input type="checkbox"/> IT _____ cm			

Special requests
_____ _____ _____ _____ _____ _____ _____ _____ _____ _____

* Please specify / draw exact area. ** Delivery period up to 10 working days. For more information go to www.mediuk.co.uk or email m2m@mediuk.co.uk

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

mediven® compression garments leg flat-knitted with seam