

mediven® mondi and mediven® cosy made to measure form for FP10/GP10 This side is for below knee Complete both sides for thigh length/tights.

Date: _____ Purchase Order No.: _____
 Measured By: _____
 Tel: _____ Email: _____

Patient Name: _____
 Delivery Address: _____
 Invoice Address: _____

1 Fabric choice:

- mediven mondi
- mediven cosy

2 Compression class (RAL) and Qty:

QUANTITY	Left	Right
CCL1 (18-21mmHg)		
CCL2 (23-32mmHg)		
CCL3 (34-46mmHg)		

3 Silicone Topbands below knee: add DTTB & quantity to prescription

- Sensitive
- Rose pattern
- Plain with dotted silicone
- 2.5cm 5cm

4 Colour:

- Black Sand
- Navy Caramel
- Anthracite* Magenta*
- Cashmere* Cherry Red*
- Grey* Blue-Jeans*
- Violet*

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

5 Patterns - mediven cosy only

- Ribs Stars Pyramids

6 Added Y Mark for wheelchairs users add DTYKM & quantity to prescription

7 Zip: add DTZIP & quantity to prescription

- Inside (B-D)
- Outside (B-D)

Lengths LEFT

D

C

B1

B

Measure length from base of heel to each point, following contours

Circumferences LEFT

LEFT LEG

Circumferences RIGHT

RIGHT LEG

Lengths RIGHT

D

C

B1

B

Measure length from base of heel to each point, following contours

Foot Styles Closed toe Open toe

Foot Length - Closed Toe (heel to longest toe)

Closed toe left Closed toe right

Left Foot Slant

outside inside

Left and right foot slant
 Please complete for both open and closed toe orders

Right Foot Slant

inside outside

mediven mondi order codes:

CCL1	DTMK1
CCL2	DTMK2
CCL3	DTMK3

mediven cosy order codes:

CCL1	DTCK1
CCL2	DTCK2
CCL3	DTCK3

ADD the following codes to your prescription

mediven mondi & mediven cosy EXTRAS:

Closed Toe	DTTOE
Added Y mark (heel)	DTYKM
Zip	DTZIP
Topband	DTTB

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



Below knee must be completed overleaf

8 Styles:

- Thigh
- Thigh length waist attachment**
- One legged panty - mondi only
- Tights

9 Compression Class (RAL) & Qty:

LEGS - QUANTITY	Left	Right
CCL1 (18-21mmHg)		
CCL2 (23-32mmHg)		
CCL3 (34-46mmHg)		
PANTY SECTION (tick required ccl)		
CCL1 (18-21mmHg)		
CCL2 (23-32mmHg)		
CCL3 (34-46mmHg)		

10 Silicone Topbands thigh: add DTTB & quantity to prescription

- Sensitive
- Rose pattern
- Plain with dotted silicone

11 Optional Extras:

Zips: add DTZIP & quantity to prescription

Zip placement:

Below knee: inside outside

Above knee: inside outside

Pant section: L R Mid

- Added Y Mark at 'E' for sitting occupations**
add DTYKM & quantity to prescription

Date: _____ Purchase Order No.: _____

Measured By: _____

Tel: _____ Email: _____

Patient Name: _____

Delivery Address: _____

Invoice Address: _____

Lengths LEFT	Circumferences LEFT	Waist	Circumferences RIGHT	Lengths RIGHT
T <input type="checkbox"/>	T <input type="checkbox"/>		T <input type="checkbox"/>	T <input type="checkbox"/>
H <input type="checkbox"/>	H <input type="checkbox"/>		H <input type="checkbox"/>	H <input type="checkbox"/>
K <input type="checkbox"/>	K <input type="checkbox"/>		K <input type="checkbox"/>	K <input type="checkbox"/>
G <input type="checkbox"/>	G <input type="checkbox"/>		G <input type="checkbox"/>	G <input type="checkbox"/>
F <input type="checkbox"/>	F <input type="checkbox"/>		F <input type="checkbox"/>	F <input type="checkbox"/>
E <input type="checkbox"/>	E <input type="checkbox"/>		E <input type="checkbox"/>	E <input type="checkbox"/>
D <input type="checkbox"/>	D <input type="checkbox"/>	D <input type="checkbox"/>	D <input type="checkbox"/>	

Measure length from base of heel to each point, following contours	LK-T Front = measure from groin to panty top <input type="checkbox"/>	LK-T Back = measure from gluteal fold to panty top <input type="checkbox"/>	Measure length from base of heel to each point, following contours
	LK1 = Measure from groin to floor <input type="checkbox"/>	LK2 = Measure from gluteal fold to floor <input type="checkbox"/>	

****Thigh length waist attachment:**
Waist - circ. () cm
Length - floor to waist () cm

ORDER CODES:

mediven Mondi	ccl1	ccl2	ccl3
Thigh length	DTMT1	DTMT2	DTMT3
Thigh waist att	DTMW1	DTMW2	DTMW3
One legged panty	DTMOP1	DTMOP2	DTMOP3
Tights	N/A	DTMTG2	DTMTG3

mediven Cosy	ccl1	ccl2	ccl3
Thigh length	DTCT1	DTCT2	DTCT3
Thigh waist att	DTCW1	DTCW2	DTCW3
Tights	DTCTG1	DTCTG2	DTCTG3

ADD the following codes to your prescription

mediven mondi & mediven cosy EXTRAS:	
Added Y mark (knee)	DTYKM
Zip	DTZIP
Topband	DTTB
Mens fly	DTFLY

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