



mediven® custom-made circular knit stockings



Adaptive Direct

Date: ____/____/____

Patient Name: _____

Fitter/Therapist Name: _____

Ship to: _____

MATERIAL, COLOR, COMPRESSION						OPTIONS				
mediven® comfort			mediven® plus			mediven® forte			compressive panty*	
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	compression <input type="checkbox"/> 20-30 <input type="checkbox"/> 30-40	qty left right pairs	color <input type="checkbox"/> beige <input type="checkbox"/> black	compression <input type="checkbox"/> 20-30 <input type="checkbox"/> 30-40 <input type="checkbox"/> 40-50	qty left right pairs	color <input type="checkbox"/> caramel <input type="checkbox"/> black	compression <input type="checkbox"/> 30-40 <input type="checkbox"/> 40-50	qty left right pairs	<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>	
style <input type="checkbox"/> calf <input type="checkbox"/> thigh <input type="checkbox"/> panty <input type="checkbox"/> maternity panty			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"/> leggings <input type="checkbox"/> leg sleeve <input type="checkbox"/> one leg panty		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		silicone top band mediven® comfort: beaded (A-D) <input type="checkbox"/> 2.5cm <input type="checkbox"/> 5cm beaded (A-G) <input type="checkbox"/> 5cm lace (A-G) <input type="checkbox"/> 5cm mediven® plus & forte: beaded <input type="checkbox"/> 2.5cm <input type="checkbox"/> 5cm	
LEFT LEG circumference	LEFT LEG length to floor	WHERE TO MEASURE				RIGHT LEG circumference	RIGHT LEG length to floor	PANTY TOP length	KEY FOR CHART	
7						t	cm	t	cm	Height measurement is from each marked body location to floor
g	cm					h	cm	h	cm	
f	cm					k	cm	k	cm	LK1T Measurement from pubic bone to top of garment along the anatomical contour
e	cm					g	cm	g	cm	LK2T Measurement from base of the gluteal fold to top of garment along the anatomical contour
d	cm					f	cm	f	cm	t Measurement at waist
c	cm					e	cm	e	cm	h Measurement just above pelvic bone
b1	cm					d	cm	d	cm	k Measurement at top of widest part of hip
b	cm					c	cm	c	cm	g Measurement at top of thigh at gluteal fold
a	cm					b1	cm	b1	cm	f Measurement at mid thigh
y	cm					b	cm	b	cm	e Measurement slightly above knee
						a	cm	a	cm	d Measurement slightly below knee
						y	cm	y	cm	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