CIRCAID Custom Legging Form

Fax Orders: 888-840-0939 Email: customs@mediusa.com

☐ Exact Reorder Order Number: _____

Date _____ Physicians Printed Signature _____

NPI _____ Physicians Signature _____

Customer Name _____

Customer No. _____ Purchase Order No. _____

Patient Name _____ Fax _____

Billing Address _____

_____

Shipping Address _____

Measured by _____

Telephone _____

Order Date _____ Email _____

Diagnosis: ICD-10 - check all that apply

☐ I89.0 Lymphedema, not elsewhere classified
☐ I97.2 Postmastectomy lymphedema syndrome
☐ I97.89 Other postprocedural complications and disorders of the circulatory system, not elsewhere classified
☐ Q82.0 Hereditary lymphedema

Shipping method: ☐ Standard (max. 5 days after complete order is received) ☐ Second Day (extra charge) ☐ Next Day (extra charge)

Credit Card Info _____

juxtafit® premium

	Qty Left	Qty Right	Lateral rise (oblique)	Add pull tabs
Lower leg			☐ No rise **(default)** ☐ 5cm ☐ 10cm	
Lower leg w/knee				
Knee only				
Upper leg			☐ Yes **(default)** ☐ No	
Upper leg w/knee			☐ Yes **(default)** ☐ No	
Whole leg			☐ Yes **(default)** ☐ No	

Foot options - choose one

Standard foot options
☐ pac band™ **(default)** - compression anklets included
☐ single band afw™
☐ juxtafit premium interlocking afw
☐ juxtafit premium afw
☐ customizable interlocking afw
☐ no foot

Custom foot options
☐ juxtafit premium afw
☐ attached ☐ separate

Cover up color
☐ black **(default)** ☐ beige

Additional Options

Extra Pair Undersleeves *(open ended)*:

	Lower Leg	*Whole Leg*
Beige	____	____
Silver	____	____

Extra Pair Undersocks *(close ended)*:

	Lower Leg	*Whole Leg*
Beige	____	____
Silver	____	____
Cotton Terry	____	____

Compressive Undersocks

15-25 mmHg	25-35 mmHg
Small____	Small____
Large____	Large____

graduate™

	Qty Left	Qty Right	Boot style	Foam lateral rise (oblique)	Band locks	Hard sole boot	Foam liner closure	Foam liner color options
Lower leg with boot			☐ attached **(default)** ☐ separate					**Interior** ☐ beige *
Lower leg without boot								**Exterior** ☐ black* ☐ beige
Whole leg with boot			☐ attached **(default)** ☐ separate					* *default*
Whole leg without boot								
Boot only								
			Foam pad accessory: _____cm x _____cm (max. 20cm x 20cm)					

Notes on taking measurements for custom-made circaid inelastic products

• Measurements for compression garments should not be taken until the best possible decongestion effort has been achieved. Circumference and length measurements are taken in a distal to proximal sequence. Measurements should be taken with the leg extended straight, such as with a patient lying flat on a table or standing.

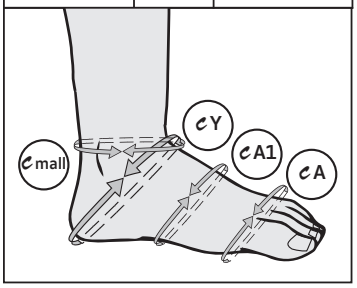
• It is essential to mark the measuring points on the leg so that the circumference and length measurements are taken at the same point.

• The circumference measurements are taken without any tension as the products are adjustable and will accommodate some changes in size. Measurements are to be taken with skin measurements. Skin measurements should be taken loosely without tension.

Patient Name: _____ Date: _____

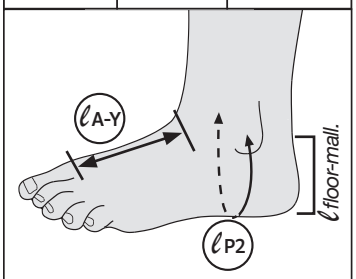
Foot measurement Circumferences

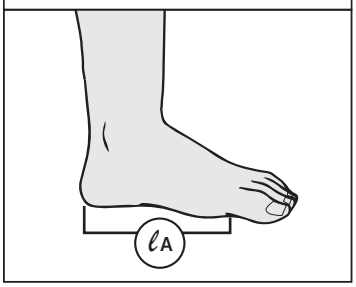
Left in cm.		Right in cm.
	c mall.	
	c y	
	c A1	
	c A	



Foot measurement Lengths

Left in cm.		Right in cm.
	ℓ P2	
	ℓ floor-mall.	
	ℓ A - Y	
	ℓ A	

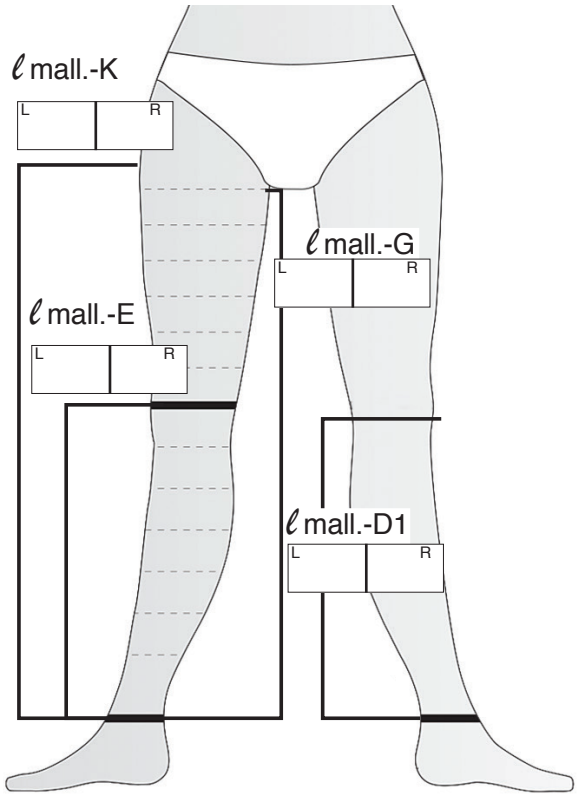




Please take measurements without tension!

Leg measurement Circumferences

Left in cm.		Right in cm.
	85	
	80	
	75	
	70	
	65	
	60	
	55	
	50	
	45	
	40	
	35	
	30	
	25	
	20	
	15	
	10	
	05	
	c mall	
	c E*	



Measurements must be every 5cm from the starting point at the malleolus.

*E = center of patella

Notes: