

Custom Made Circular Knitted Compression Stockings Order Form

Patient's Name/ID Code or File #: _____

Address: _____

City/State/Zip: _____

Date: _____



36 W. Route 70, Ste 214, Marlton NJ 08053
P: 800-714-7434 F: 800-715-5422

Product / Brand	Quantity		Sand	Sun Bronze	Black	Amber	Navy
	left	right					
Seamless Soft 18-21 mmHg* (CCL 1)							
Seamless Soft 23-32 mmHg* (CCL 2)							
Seamless Soft 34-46 mmHg* (CCL 3)							
Bellavar™ *** 23-32 mmHg* (CCL 2)							
Bellavar™ *** 34-46 mmHg* (CCL 3)							

Basic Styles:

AD AF AG AG-T AG-HT AT

Options:

Closed toe Open toe Short foot (closed)

Special Options:

AD No Silicone Silicone dotted band 2.5 cm
 Silicone dotted band 5 cm SoftFit™ (only in AD)

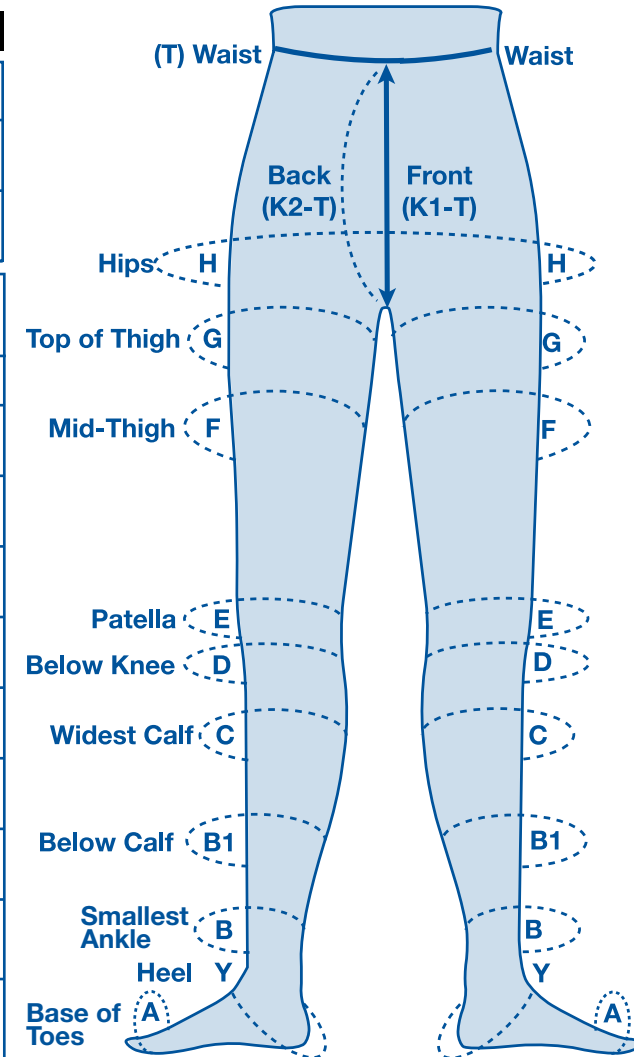
AF/AG No Silicone Silicone dotted band 5 cm
 Silicone lace band 6 cm Silicone Soft band 6 cm**

AT Maternity Fly for Men
 Full compression Regular Adjustable Waist band
 Waist band 2.5 cm** Waist band 5.0 cm**

Form 57021 must accompany this form.

Circum. (c)	Length (l)	Length (l)
cT	K2-T	lT
cH	K1-T	lH

Circumference (c)	Length (l): Taken from each landmark to floor.	
	Left	Right
cG		lG
cF		lF
cE		lE
cD		lD
cC		lC
cB1		lB1
cB		lB
cY		lA (medial)
cA		lA (lateral)



Foot length open toe lA _____ Foot length closed toe lZ _____
(Not available in slant open or slant closed toe, only straight.)

Comments: _____

*Design Pressure **Not available in Full Compression or Bellavar ***Not available in Bellavar
Take measurements on edema-free extremities only. All measurements must be recorded in cm.