

Customer Name _____ Account # _____

Patient Name _____

mediven flat knit arm & hand

Material	Compression (CCL)	Standard Colors	Trend Colors*	Qty.	Side	Handpiece
<input type="checkbox"/> mediven 550	CCL¹ 15-21 mmHg CCL² 23-32 mmHg CCL³ 34-46 mmHg	<input type="checkbox"/> Caramel <input type="checkbox"/> Sand <input type="checkbox"/> Cashmere <input type="checkbox"/> Navy <input type="checkbox"/> Black <input type="checkbox"/> Anthracite	<input type="checkbox"/> medi Magenta <input type="checkbox"/> Raspberry-red <input type="checkbox"/> Mango-yellow <input type="checkbox"/> Chestnut <input type="checkbox"/> Grey	hand pcs: _____ arm pcs: _____	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> gauntlet <input type="checkbox"/> glove <input type="checkbox"/> Open fingers <input type="checkbox"/> Closed fingers
<input type="checkbox"/> mediven mondi 350	Hand piece <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Arm Sleeve <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					

Style	Proximal Ending
Hand piece	<input type="checkbox"/> Straight (Porous 2cm) (Standard)
<input type="checkbox"/> AC1	<input type="checkbox"/> Flat oblique <input type="checkbox"/> Steep oblique
<input type="checkbox"/> AD/AE	<input type="checkbox"/> Flat oblique (Standard) <input type="checkbox"/> Steep oblique <input type="checkbox"/> Straight

Style <small>circle length choice</small>	Proximal Ending
Armsleeve	<input type="checkbox"/> Flat oblique (Standard)
<input type="checkbox"/> CG/ CD/CE/CF <small>CG is default</small>	<input type="checkbox"/> Steep oblique <input type="checkbox"/> Straight
<input type="checkbox"/> AF/AG (1-PC)	<input type="checkbox"/> Flat oblique (Standard) <input type="checkbox"/> Steep oblique <input type="checkbox"/> Straight

Topband
<input type="checkbox"/> Narrow 2.5 cm beaded
<input type="checkbox"/> Wide 5 cm beaded
<input type="checkbox"/> Sensitive 5 cm microdot
<input type="checkbox"/> Motif 5 cm beaded
<input type="checkbox"/> Rose 5 cm solid
<input type="checkbox"/> None




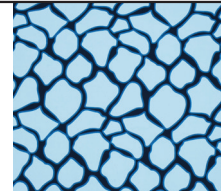
Accessories		
Position	Topband Piece <small>(sewn into the garment)</small> Sizes	Anti-slip dots <small>(applied directly to the garment)</small> Fixed size
<input type="checkbox"/> Along the oblique border	<input type="checkbox"/> 5 X 2.5 cm <input type="checkbox"/> 5 X 5 cm <input type="checkbox"/> 5 X 10 cm <input type="checkbox"/> 15 X 2.5 cm	<input type="checkbox"/> 6 X 4.5 cm
<input type="checkbox"/> On the palm	<input type="checkbox"/> 5 X 5 cm	<input type="checkbox"/> 6 X 4.5 cm
Design Elements: <small>(single-color pattern)</small>	<input type="checkbox"/> Stripes <input type="checkbox"/> Nature <input type="checkbox"/> Dots <input type="checkbox"/> Classic	Fashion Elements: <small>(two-toned pattern)</small>
		<input type="checkbox"/> Stripes <input type="checkbox"/> Nature <input type="checkbox"/> Dots <input type="checkbox"/> Classic
Crystal Motifs: Location: <input type="checkbox"/> Lower arm <input type="checkbox"/> Upper arm		Pattern: <input type="checkbox"/> Proud <input type="checkbox"/> Wind <input type="checkbox"/> Trio

Crystal Motifs cannot be combined with Design Elements or Fashion Elements.

Other Accessories	Shoulder Attachments
Knitting marks at elbow: <input type="checkbox"/> 160° (standard) <input type="checkbox"/> 150° <input type="checkbox"/> 135°	<input type="checkbox"/> Shoulder cap standard <input type="checkbox"/> Shoulder cap anatomical† _____ cm
<input type="checkbox"/> Elbow flexure functional zone (550 only)	<input type="checkbox"/> Shoulder strap width: <input type="checkbox"/> 2.5 cm (adjustable) <input type="checkbox"/> 5 cm (velcro)
<input type="checkbox"/> Additional porous row ending (50% COMPRESSION) _____ cm	<input type="checkbox"/> Bra attachment width of bra strap: _____ cm

<input type="checkbox"/> silk lining material Location: _____ (Please include drawing in Special Requests section) width _____ cm length _____ cm	Special Requests:
<input type="checkbox"/> Lymphpad Location: _____ (Please include drawing in Special Requests section) width _____ cm length _____ cm	
<input type="checkbox"/> Pocket (Please specify/draw in Special Requests) _____ length _____ width _____	

circaid® profile

Garment options		Oversleeve colors			
Indicate sleeve length: <input type="checkbox"/> A-G (default) <input type="checkbox"/> C-G <input type="checkbox"/> A-C1 <input type="checkbox"/> C-C1 <input type="checkbox"/> A-D <input type="checkbox"/> C-D <input type="checkbox"/> A-E <input type="checkbox"/> C-E <input type="checkbox"/> A-F <input type="checkbox"/> C-F	Indicate side: <input type="checkbox"/> Left <input type="checkbox"/> Right Options: <input type="checkbox"/> No thumb <input type="checkbox"/> No lateral rise <input type="checkbox"/> Finger foam zones <input type="checkbox"/> Fused EZ-on system <input type="checkbox"/> High-energy oversleeve** <input type="checkbox"/> Split sleeve**				
		midnight (default) Quantity _____	magenta Quantity _____	grey Quantity _____	blue giraffe Quantity _____

*Requires 5 additional working days for production. †Measure shoulder width from front to back, around the arm
** Includes Fused EZ-on system