

Compression for Lymphedema

Order Form ready-to-wear

medi

Customer Name _____

Bill to _____

Account # _____

P.O.# _____

Patient Name _____

Ship to _____

Date Measured _____

Measured By _____

Notes _____

Upper Extremity

Affected Limb:

☐ Left

☐ Right

☐ Bilateral











Enter quantity of desired style in blank space.

mediven® compression: ☐ 15-20mmHg ☐ 20-30mmHg ☐ 30-40mmHg

mediven products:

harmony: glove _____ gauntlet _____ arm sleeve _____

comfort: arm sleeve _____

SAND	CARMEL	JAVA	MAGENTA	BLACK
				
				

circaid products:

circaid reduction kit arm sleeve _____

hand wrap _____ trimmable glove _____

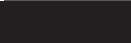
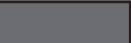






head & neck _____ nighttime vest _____

circaid juxtafit arm sleeve _____ hand wrap _____

circaid profile nighttime

arm sleeve no hand _____

arm sleeve with hand _____

MIDNIGHT	GREY	MAGENTA	BLUE GIRAFFE
			
			

Lower Extremity

Affected Limb:

☐ Left

☐ Right

☐ Bilateral

Enter quantity of desired style in blank space.

Circular knit compression: ☐ 15-20mmHg ☐ 20-30mmHg ☐ 30-40mmHg ☐ 40-50mmHg

circular knit products:

knee _____ thigh _____ waist _____ other _____

circaid products:

circaid reduction kit whole leg _____ lower leg _____ knee _____ upper leg _____ trimmable toe caps _____





circaid juxtafit

whole leg _____ lower leg _____ upper leg w/ knee _____

circaid foot options









pac band _____ juxtafit premium afw _____

juxtafit premium interlocking afw _____ customizable interlocking afw _____

BEIGE	BLACK
	
	

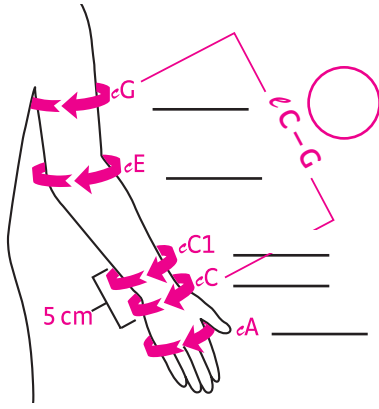
circaid profile nighttime

lower leg _____ whole leg _____

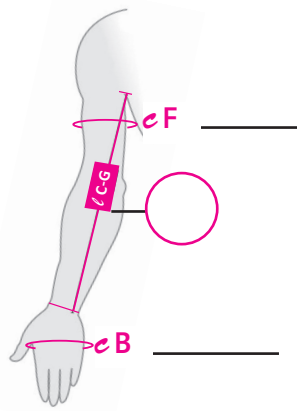
MIDNIGHT	GREY	MAGENTA	BLUE GIRAFFE
			
			

Arm measurements:

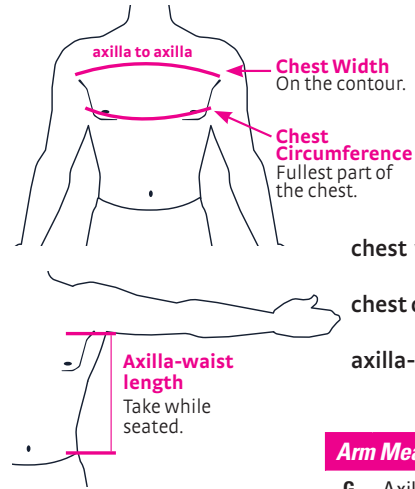
mediven



circaid reduction kit arm



circaid reduction kit vest



chest width: _____

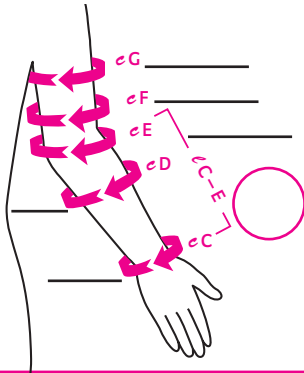
chest circum.: _____

axilla-waist length: _____

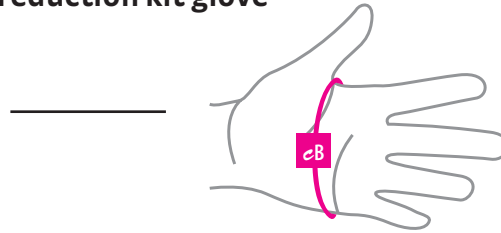
Arm Measurement Guide

G	Axilla
F	Midpoint of E and G
E	Elbow crease
D	Midpoint of C and E
C1	5cm above C
C	Wrist
B	Base of thumb webbing
A	Base of little finger
ℓ	= length
c	= circumference

circaid juxtafit arm

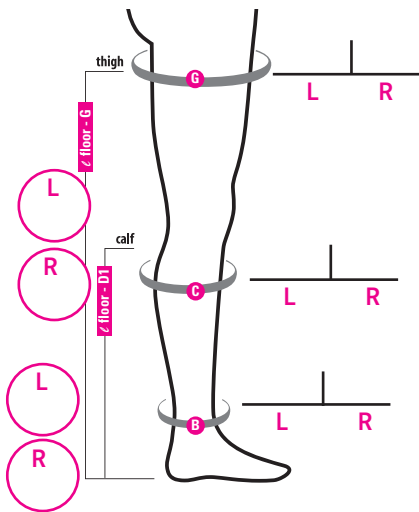


circaid juxtafit hand / reduction kit glove

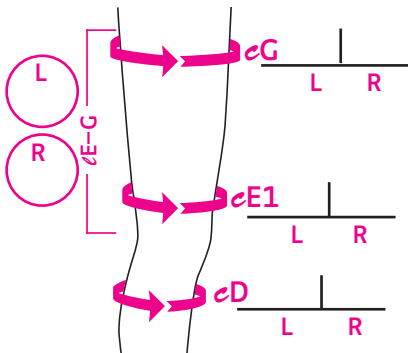


Leg measurements:

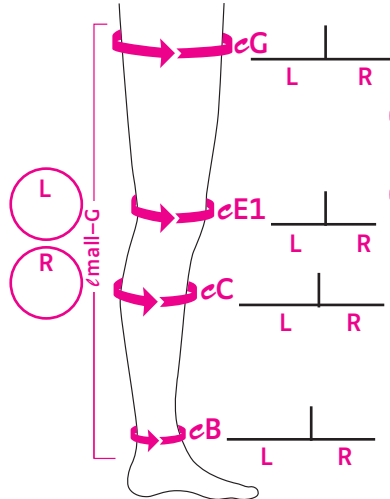
mediven



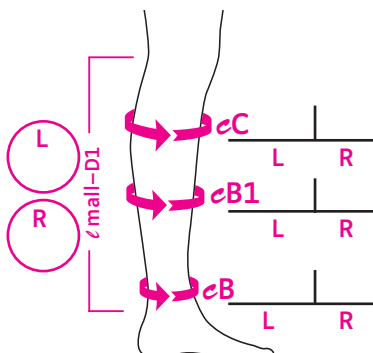
circaid juxtafit upper leg with knee



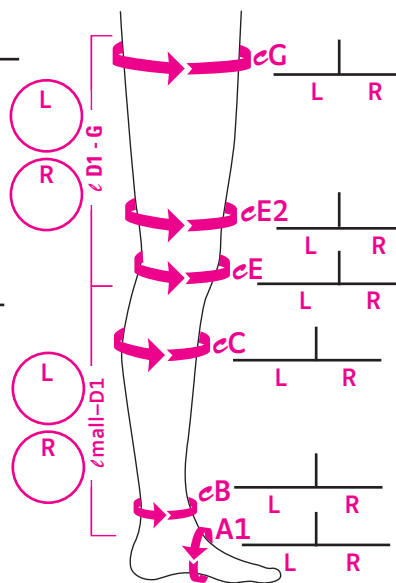
circaid juxtafit whole leg



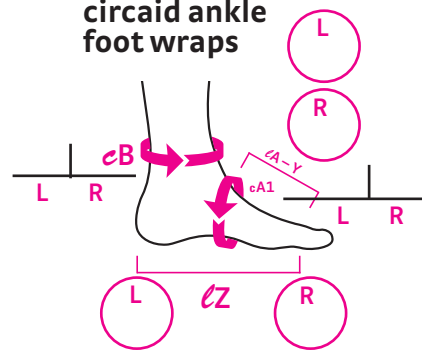
circaid juxtafit lower leg



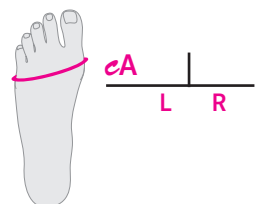
circaid reduction kit leg



circaid ankle foot wraps



circaid reduction kit toe cap



Leg Measurement Guide

G	Groin
F	Mid-thigh
E2	15cm above E
E1	5cm above E
E	Center of patella
D1	Knee crease
D	Slightly below knee
C	Widest part of calf
B1	Between ankle and widest part of calf
B	Narrowest part of ankle above malleolus
A1	Middle of foot
A	Ball of foot
Y	Diagonally around heel over widest part of top of ankle
Z	Heel to base of great toe
mall	Center of malleolus
ℓ	= length
c	= circumference