

medi



lymphology
**measuring for
custom-made
inelastic circaid®
lower extremity**

medi. I feel better.



Custom Legging Form

Fax Orders: 888-840-0939

Email: customs@mediusa.com

☐ Exact Reorder Order

Number: _____

medi

Customer Name _____

Customer No. _____ Purchase Order No. _____

Patient Name _____ Fax _____

Billing Address _____

Shipping Address _____

Telephone _____ Measured by _____

Order Date _____ Email _____

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			<input type="checkbox"/> No rise (default) <input type="checkbox"/> 5cm <input type="checkbox"/> 10cm	
Lower leg w/knee				
Knee only				
Upper leg			<input type="checkbox"/> Yes (default) <input type="checkbox"/> No	
Upper leg w/knee			<input type="checkbox"/> Yes (default) <input type="checkbox"/> No	
Whole leg			<input type="checkbox"/> Yes (default) <input type="checkbox"/> No	

Foot options - choose one	Additional Options	
Standard foot options <input type="checkbox"/> pac band™ (default) - compression anklets included <input type="checkbox"/> single band afw™ <input type="checkbox"/> juxtafit premium interlocking afw <input type="checkbox"/> juxtafit premium afw <input type="checkbox"/> customizable interlocking afw <input type="checkbox"/> no foot	Extra Pair Undersleeves (open ended): Lower Whole Leg Leg Beige _____ Silver _____	
Custom foot options <input type="checkbox"/> juxtafit premium afw <input type="checkbox"/> attached <input type="checkbox"/> separate	Extra Pair Undersocks (close ended): Lower Whole Leg Leg Beige _____ Silver _____ Cotton Terry _____	
Cover up color <input type="checkbox"/> black (default) <input type="checkbox"/> beige	15-25 mmHg Small _____ Large _____	25-35 mmHg Small _____ Large _____
Compressive Undersocks		

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			<input type="checkbox"/> attached (default) <input type="checkbox"/> separate					Interior <input type="checkbox"/> beige *
Lower leg without boot								Exterior <input type="checkbox"/> black* <input type="checkbox"/> beige
Whole leg with boot			<input type="checkbox"/> attached (default) <input type="checkbox"/> 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.

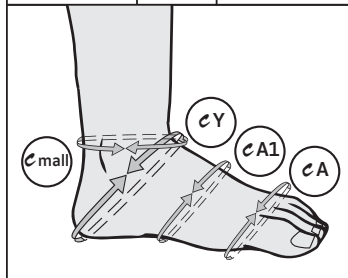
• It is essential to mark the measuring points on the leg so that the circumference and length measurements are taken at the same point.

• 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: _____

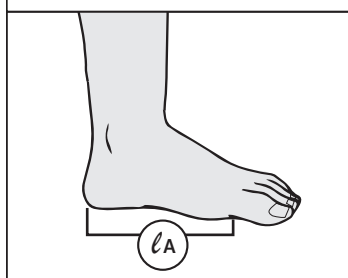
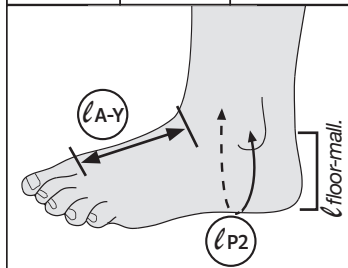
Foot measurement Circumferences

Left in cm.		Right in cm.
	c _{mall.}	
	c _y	
	c _{A1}	
	c _A	



Foot measurement Lengths

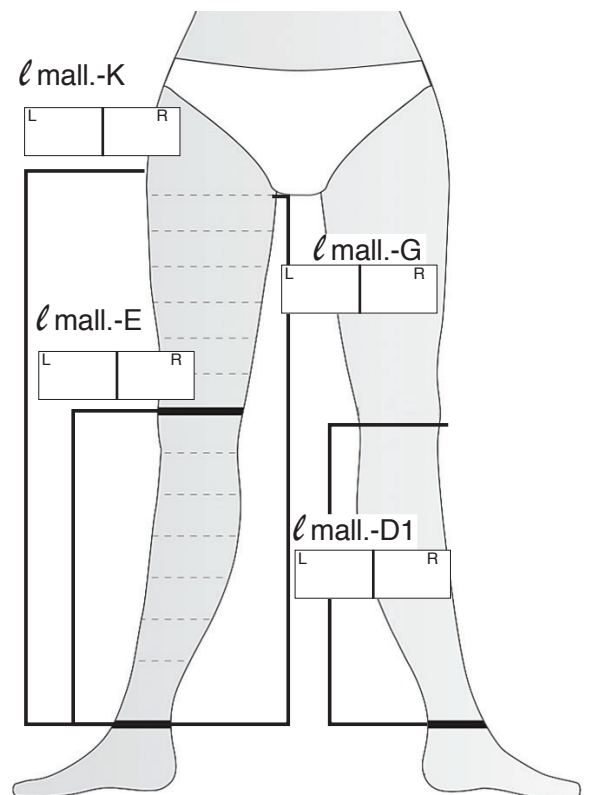
Left in cm.		Right in cm.
	l _{P2}	
	l _{floor-mall.}	
	l _{A-Y}	
	l _A	



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 *	



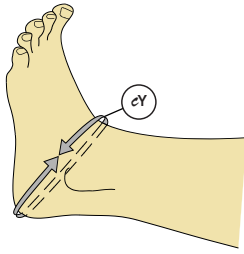
Measurements must be every 5cm from the starting point at the malleolus.

*E = center of patella

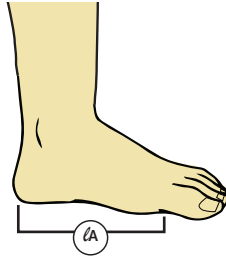
Notes:

Foot & Ankle Measurements

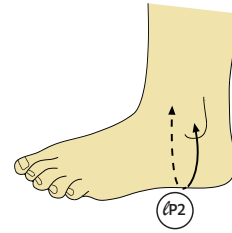
All measurements are taken in a straight line.



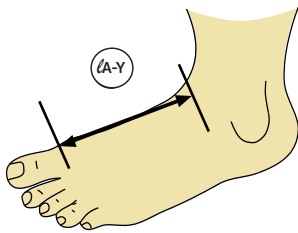
1. Circumference (c) Y - Measurements taken over the heel and arch in dorsal flexion with tendons taut; take physical dimensions without tension; Take soft tissue projections into account.



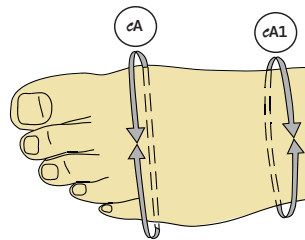
2. Length (l) A - Length from the base of toes to the back of the heel. (medial length)



3. Length (l) P2 - Length from malleolus to malleolus; pass under heel.

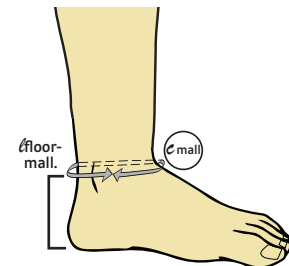


4. Length (l) A-Y - Length from ball of foot to where foot meets leg.



5. Circumference (c) A - Circumference at ball of foot.

Circumference (c) A1 - Circumference at middle of foot.

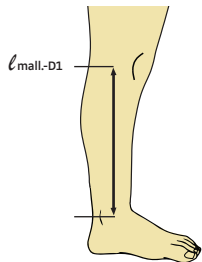


6. Circumference (c) mall. - Circumference at malleolus.

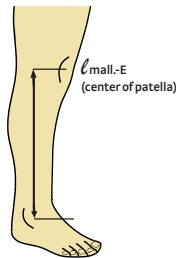
Length (l) floor-mall. - Length from floor to malleolus.

Leg Measurements

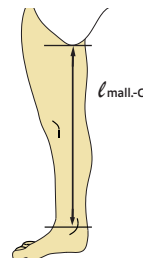
All measurements are taken in a straight line. Measurements start from malleolus, not floor. If shelves, folds or trouble areas are present please draw shape of patient's leg darker on sample or separate sheet. Pictures and contoured measurements are also helpful for challenging limb shapes.



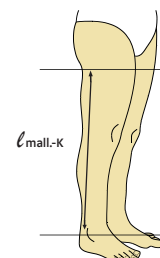
7. Length (l) mall.-D1 - Medial length from malleolus to knee crease (where product will typically begin & end)



8. Length (l) mall.-E - Lateral length from malleolus to center of patella (required for all except lower leg).



9. Length (l) mall.-G - Medial length from malleolus to groin, far enough below pubic area that garment will not cause discomfort (required for all except lower leg). (where product will typically begin & end)



10. Length (l) mall.-K - Lateral length from malleolus to gluteal fold (required for all except lower leg).