



Patient Name _____ Order No. _____ Repeat Garment No. _____
 Date Measured _____ Clinic / Hospital _____
 Measured by _____ Telephone _____ E-mail _____

1 LENGTH MEASUREMENTS

PANTY SHAPING

FRONT _____ cms BACK _____ cms
 Pubic bone to **t** Gluteal fold to **t**

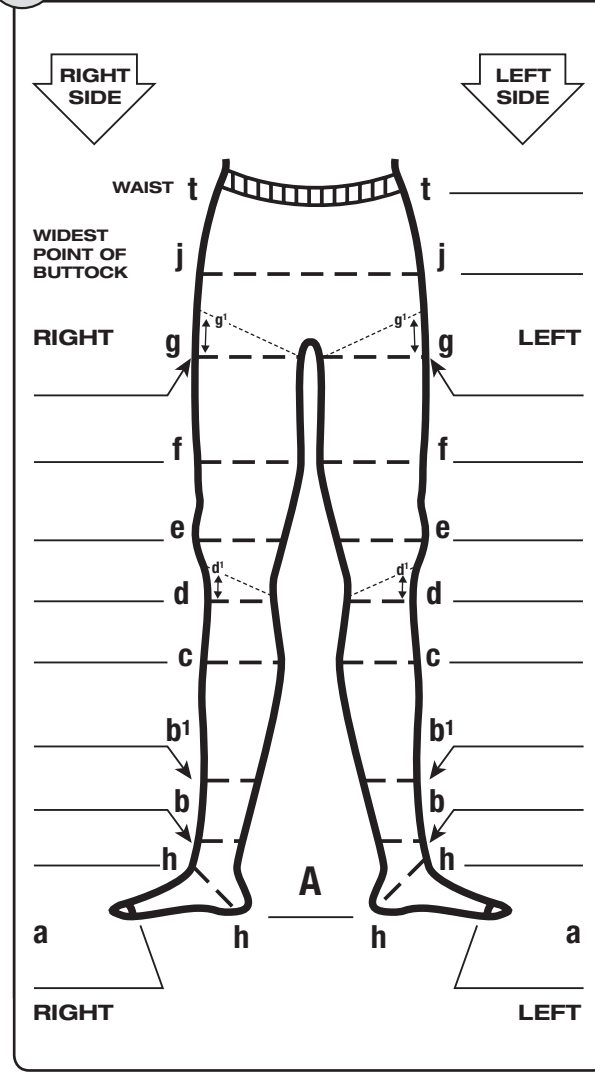
g-t _____
 (take measurement at side)

j-t _____
 (take measurement at side)

RIGHT	LEFT
_____ A-g _____	
_____ A-f _____	
_____ A-e _____	
_____ A-d _____	
_____ A-c _____	
_____ A-b₁ _____	
_____ A-b _____	

RIGHT	LEFT
_____	_____
Heel to a (FOR OPEN TOE)	
_____	_____
Heel to Top of Big Toe (FOR CLOSED TOE)	
_____	_____

2 CIRCUMFERENCE MEASUREMENTS



4 SELECT FABRIC & COMPRESSION CLASS

FLAT KNIT	CCL1	CCL2	CCL3	CCL4
Pertex Light	<input type="checkbox"/>			
Pertex		<input type="checkbox"/>	<input type="checkbox"/>	
Goldpunkt		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CIRCULAR KNIT	CCL1	CCL2	CCL3	
Veni	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Star Cotton	<input type="checkbox"/>	<input type="checkbox"/>		
Doktus		<input type="checkbox"/>	<input type="checkbox"/>	
Ven		<input type="checkbox"/>	<input type="checkbox"/>	

COLOUR

QUANTITY REQUIRED

RIGHT	LEFT	TIGHTS
_____	_____	_____

5 SPECIAL STYLE OPTIONS

<p>THIGH WITH WAIST BAND ATTACHMENT</p> <p> Attachment Type</p> <p>Velcro <input type="checkbox"/></p> <p>Adjustable Button <input type="checkbox"/></p> <p>Circumference at waist _____</p> <p>Length G to waist: (take measurement at side)</p> <p>Right _____ cm Left _____ cm</p>	<p>TIGHTS ONE LEG</p> <p></p> <p>Left <input type="checkbox"/></p> <p>Right <input type="checkbox"/></p>
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6 OPTIONS

GRIP TOPS

3cm Plain Grip Top

5cm Strong Plain Grip Top

5cm Fine Lace Grip Top

5cm Strong Lace Grip Top

5x5cm Grip Pieces *

*Please specify size and position in comments box (7)

PADDINGS & LININGS*

Pocket	Lining	Pad	Malleolus Pads
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Please specify size and position in comments box (7)

FASTENINGS FLAT KNIT ONLY

Zip Velcro Fastening Velcro Straps

From: _____ to _____

Position: Front Back Inside Outside

PANTY OPTIONS

Full Compression

Other Compression specify in comments (7)

Fly opening: Vertical Horizontal

Open Crotch (no gusset)

Loose Fit Open Front

Soft Waistband

LEG OPTIONS

Full Compression

Higher Compression above _____

Reduced Compression above _____

Footless

Slant Top g - g¹ / d - d¹ _____ cm

3 TOE CHOICE

CLOSED TOE OPEN TOE

SLANT CUT FOOT

FLAT KNIT ONLY

Outside foot _____ cm

Inside foot _____ cm

7 COMMENTS / REQUESTS
