

Compression for Lymphedema

Order Form ready-to-wear



Customer Name _____

Bill to _____

Account # _____

P.O.# _____

Patient Name _____

Ship to _____

Date Measured _____

Measured By _____

Notes _____

Upper Extremity

Affected Limb: Left Right Bilateral

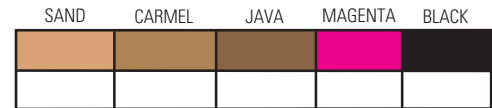
Enter quantity of desired style in blank space.

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

mediven products:

harmony: glove _____ gauntlet _____ arm sleeve _____

comfort: arm sleeve _____



circaid products:

circaid reduction kit arm sleeve _____

hand wrap _____ trimmable glove _____

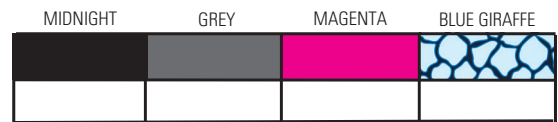
head & neck _____ nighttime vest _____

circaid juxtafit arm sleeve _____ hand wrap _____

circaid profile nighttime

arm sleeve no hand _____

arm sleeve with hand _____



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 _____

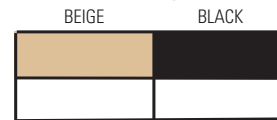
circaid juxtafit

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

circaid foot options

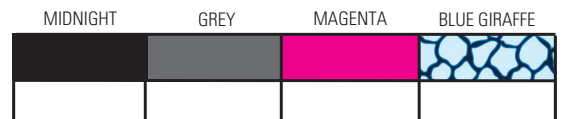
pac band _____ juxtafit premium afw _____

juxtafit premium interlocking afw _____ customizable interlocking afw _____



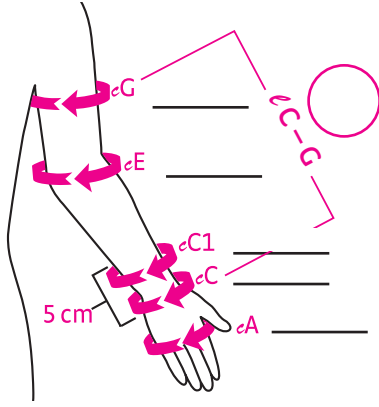
circaid profile nighttime

lower leg _____ whole leg _____

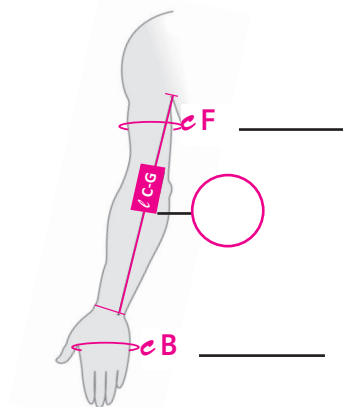


Arm measurements:

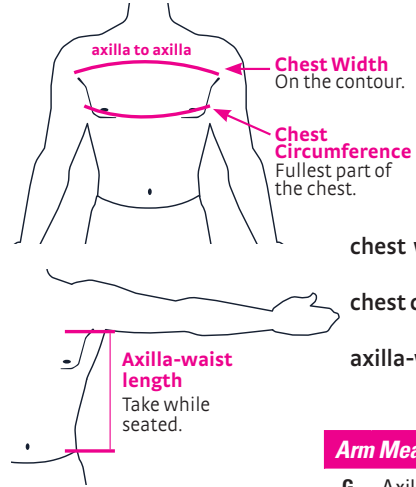
mediven



circaid reduction kit arm



circaid reduction kit vest



chest width: _____

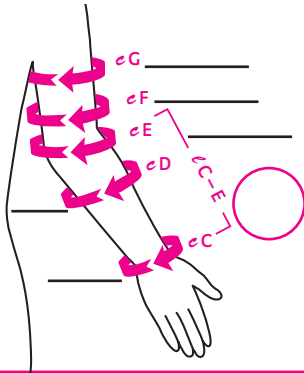
chest circum.: _____

axilla-waist length: _____

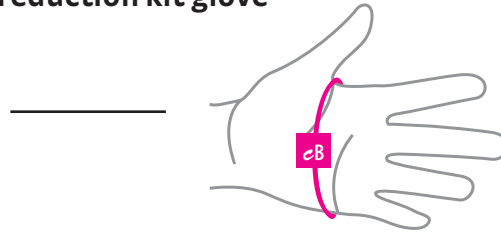
Arm Measurement Guide

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

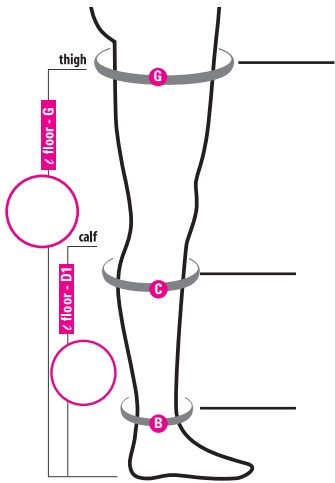


circaid juxtafit hand / reduction kit glove

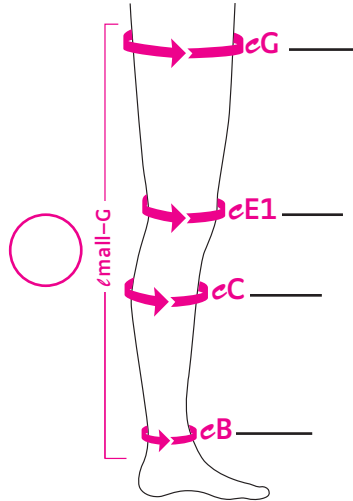


Leg measurements:

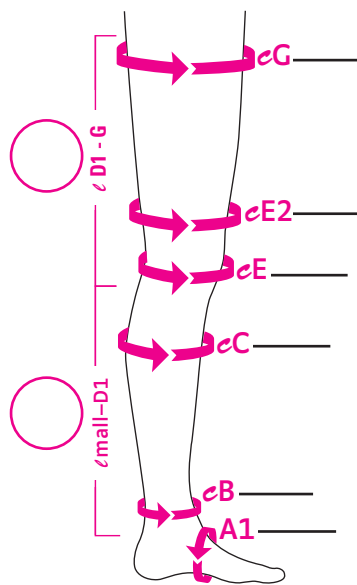
mediven



circaid juxtafit whole leg



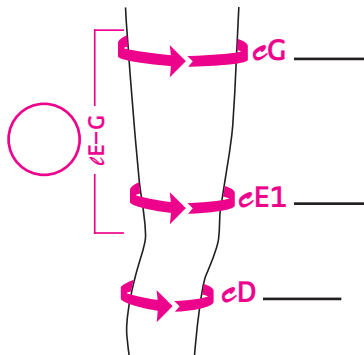
circaid reduction kit leg



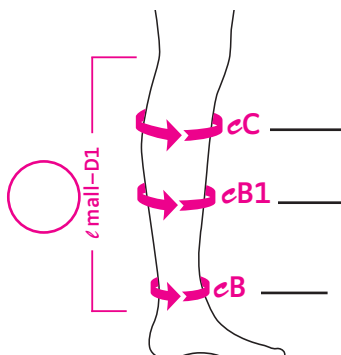
Leg Measurement Guide

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

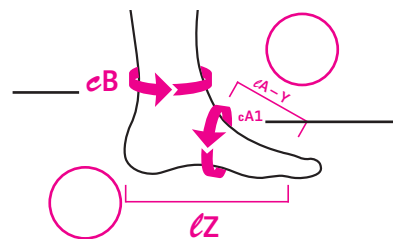
circaid juxtafit upper leg with knee



circaid juxtafit lower leg



circaid ankle foot wraps



circaid reduction kit toe cap

