

Advanced Custom Measurement Form for Flat Knit Stockings



Phone: 1 800 222-4999
 Fax: 1 800 645-2519

Account Information (Please Print)

Account Number	Date
Account Name	Contact
Ship to Address	
Phone	Fax
Patient ID	P.O. Number
Prescribing Physician	

Please Select	18-21 mmHg	23-32 mmHg	34-46 mmHg	50 + mmHg
Expert (Helastic)	<input type="checkbox"/> 3021	<input type="checkbox"/> 3022	<input type="checkbox"/> 3023	<input type="checkbox"/> 3024
Expert (Helastic) Cotton Strong	<input type="checkbox"/> 3021CO	<input type="checkbox"/> 3022CO	<input type="checkbox"/> 3023CO	<input type="checkbox"/> 3054
Expert (Helastic) Silver StrongSilver	<input type="checkbox"/> 3021SV	<input type="checkbox"/> 3022SV	<input type="checkbox"/> 3023SV	<input type="checkbox"/> 3024SV
	<input type="checkbox"/> 3051SV	<input type="checkbox"/> 3052SV	<input type="checkbox"/> 3053SV	<input type="checkbox"/> 3054SV

Re-order #:

Order Information

Quantity: _____ Pair Piece(s)

Extremity: Right Left Both

Colors: Beige Black Chestnut Violet
 Blue Dark Blue Gray Fuchsia
 (Expert Cotton, Expert Silver, Strong Silver and all 50+ mmHg garments available in beige)

Silver comfort patch: Behind the knee
 Crease of ankle, top of foot

Compression Knee-High & Thigh-High

AD Straight top border (standard Expert & Strong)
 Slant top border

AG Straight top border (standard Expert)
 Slant top border (standard Strong)

Silicone border

Knee darts (Typically not required for Expert (3020))

Hip attachment (please give "T" circumference)
 Right Left To be worn as one

K-T body part (open crotch)
 18-21 mmHg 23-32 mmHg
 Slip on
 Hook and loop closure, in the front

Compression Pantyhose

Standard waist

Border with adjustable waistband

Attached waist belt (non-adjustable)

Pantyhose with leg extension (specify left or right leg)

Mens Gusset With fly Open crotch

Capri Biker short

Foot Portion

Open toe Closed toe

Slant toe (standard Strong)

Slant Toe - required measurements

LA right medial LA right lateral

LA left medial LA left lateral

Circumference Measurements

High Rise Back

KT Front _____

KT Back _____

Lengths
 All lengths taken on the medial side of the leg

	left	right
LT
LH
LG/LK
LF
LE
LD
LC
LB1
LB
LA Open Toe
LZ Full Foot

Special requests:

Some additional charges may apply with choosing options