

Custom Measurement Form for Flat Knit Stockings & Accessories



Phone: 1 800 222-4999

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Account Information (Please Print)

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

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)

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

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)

☐ 3.5cm Silicone border ☐ 5cm 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

☐ NEW Knee Functional Zone (Expert Line)

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 ☐ VY Heel

☐ Slant toe (standard Strong)

Slant Toe - required measurements

LA right medial LA right lateral

LA left medial LA left lateral

NEW Instep Functional Zone (Expert Line)

Please Select	18-21 mmHg	23-32 mmHg	34-46 mmHg	50 + mmHg
Expert (Helastic)	☐ 3021	☐ 3022	☐ 3023	☐ 3024
Expert (Helastic) Cotton	☐ 3021CO	☐ 3022CO	☐ 3023CO	
Strong		☐ 3052	☐ 3053	☐ 3054
Expert (Helastic) Silver	☐ 3021SV	☐ 3022SV	☐ 3023SV	☐ 3024SV
Strong Silver	☐ 3051SV	☐ 3052SV	☐ 3053SV	☐ 3054SV

Re-order #:

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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 LB' LB LA Open Toe LZ Full Foot

Special requests / Notes:

Some additional charges may apply with choosing options