

Sigvaris Custom Flat Knit Additional /modification form
LOWER BODY OPTIFORM HOLD & FLEX

☐ Order ☐ Multi-component garment ☐ Cost-estimate

Stamp / Signature / Ship to address:

Customer name _____

Customer number _____ Fitter _____

Patient name _____

☐ female ☐ male

Order no. _____ Order date _____

SIGVARIS, INC.

1119 Highway 74 South

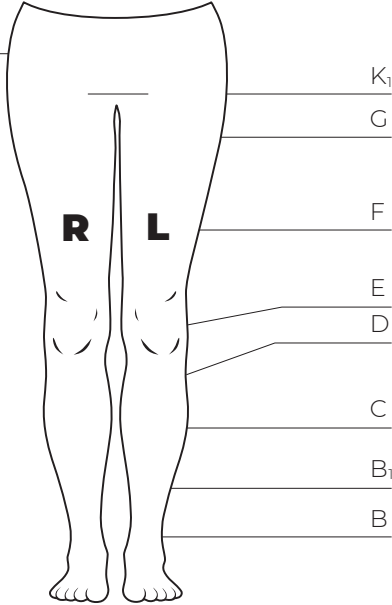
Peachtree City, GA 30269

Phone 1.800.322.7744 Fax 1.800.481.05488

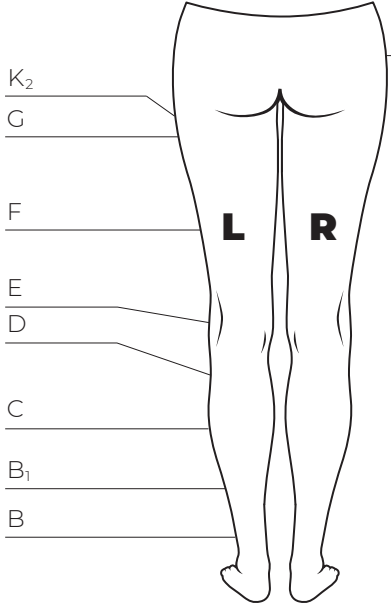
us_customorders@sigvaris.com

www.sigvaris.com

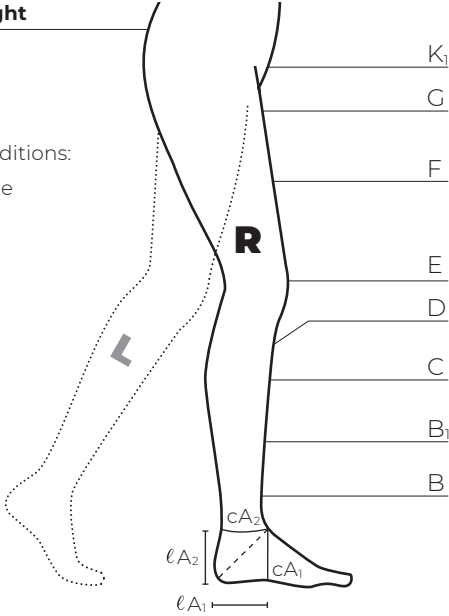
Front view



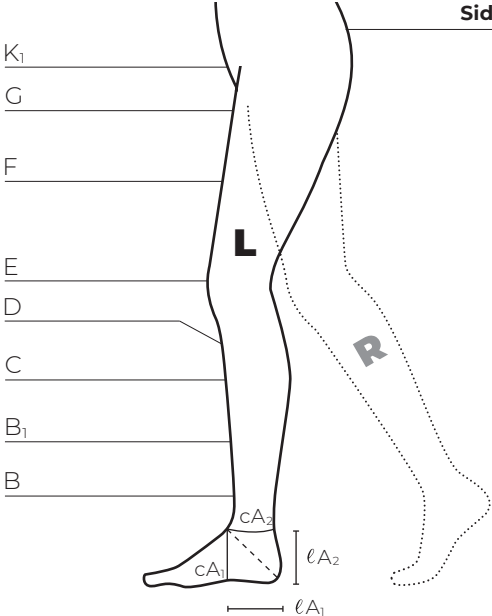
Back view



Side view, right



Side view, left



cA1 _____ cm lA1 _____ cm

cA2 _____ cm lA2 _____ cm

cA1 _____ cm lA1 _____ cm

cA2 _____ cm lA2 _____ cm

Silicone strip(s) ☐ 3,5 cm ☐ 5 cm

R Right **L** Left
☐ ☐ _____ cm Silicone strip along slant
☐ ☐ _____ cm Silicone strip above knee
☐ ☐ _____ cm Silicone strip in back on seam
☐ ☐ _____ cm Silicone strip according to drawing

Zipper

☐ Leg – number: _____
☐ centered ☐ laterally inside centered ☐ laterally outside centered
☐ Body bandage – number: _____
☐ centered ☐ laterally right centered ☐ laterally left centered
☐ Hook-eye band

Sewn-in ankle pad

R Right **L** Left
Inside: Inside:
P1: _____ cm P1: _____ cm
P2: _____ cm P2: _____ cm
Outside: Outside:
P1: _____ cm P1: _____ cm
P2: _____ cm P2: _____ cm

Pocket / Lining

☐ Pocket for pad – number: _____
☐ **R** Right ☐ **L** Left
Width _____ cm
Length _____ cm
.....
☐ Lining – number: _____
☐ **R** Right ☐ **L** Left
Width _____ cm
Length _____ cm