

Sigvaris Custom Flat Knit Order 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 _____

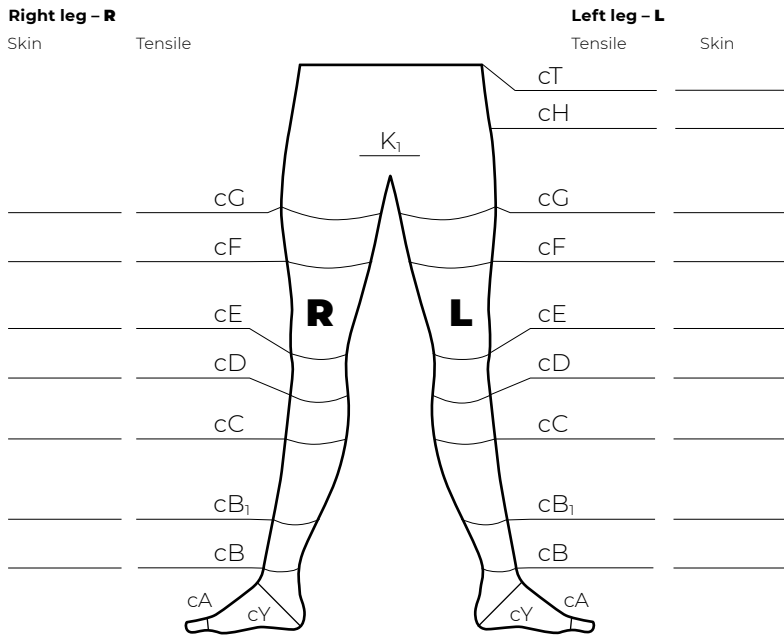
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Save Print Reset

Compression	OPTIFORM		Quantity (in units)			Colors	Model
	Hold	Flex	Right	Left	Bodypart		
CCL 1	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/> Beige <input type="checkbox"/> Black	<input type="checkbox"/> AB, Sock <input type="checkbox"/> AD Calf <input type="checkbox"/> AG Thigh <input type="checkbox"/> Sleeve
CCL 2	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/> Black Raspberry <input type="checkbox"/> Deep Blue <input type="checkbox"/> Mystic Green <input type="checkbox"/> Stormy Gray <input type="checkbox"/> Mahogany Brown	<input type="checkbox"/> AT Pantyhose <input type="checkbox"/> AT Single-leg panty <input type="checkbox"/> Bermuda _____ <input type="checkbox"/> Capri _____ <input type="checkbox"/> BT Leggings
CCL 3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	_____		
CCL 4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	_____		
without compression	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____		

Top Leg (AD – AG)	Top Waist	Gusset	Heel options	Functional zones
<input type="checkbox"/> Optiline <input type="checkbox"/> 5 cm Knobbed grip top <input type="checkbox"/> 3,5 cm Knobbed grip top <input type="checkbox"/> Elastic band (AD) <input type="checkbox"/> Waist attachment (AG)	<input type="checkbox"/> Softline <input type="checkbox"/> Waistband <input type="checkbox"/> with velcro <input type="checkbox"/> Elastic band <input type="checkbox"/> with velcro <input type="checkbox"/> Adjustable band <input type="checkbox"/> Knobbed grip top 5cm	<input type="checkbox"/> Standard <input type="checkbox"/> Reinforced <input type="checkbox"/> Open <input type="checkbox"/> Mesh <input type="checkbox"/> Fly opening	<input type="checkbox"/> Standard <input type="checkbox"/> T-heel <input type="checkbox"/> Anatomical*	<input type="checkbox"/> Knee right <input type="checkbox"/> Knee left <input type="checkbox"/> Hallux valgus right <input type="checkbox"/> Hallux valgus left <input type="checkbox"/> Tailor's bunion right <input type="checkbox"/> Tailor's bunion left
<input type="checkbox"/> Straight <input type="checkbox"/> Shallow slant <input type="checkbox"/> Steep slant <input type="checkbox"/> Front leg elevation (AG) Porous end <input type="checkbox"/> top <input type="checkbox"/> bottom (3–8 cm) _____ cm				

Measurement Leg: Circumference (= c)



Foot Circumference

R cA _____ cm cY _____ cm **L** cA _____ cm cY _____ cm

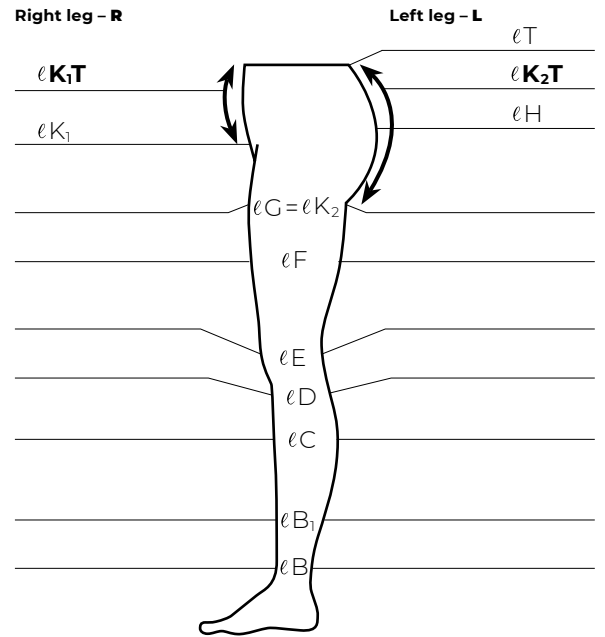
Additions / Options

- Silicone strip Ankle pad Zipper Label inside (Standard)
 Lining Pocket Pocket with lymphpad Label outside
 Wave Honeycomb small Honeycomb large

Please indicate/mark exact position and dimensions on the sheet
«Additions to Sigvaris Flat knit garments»

Remarks

Measurement Leg: Length (= ℓ)



Foot Length

R ℓZ _____ cm (total) **L** ℓZ _____ cm (total)
ℓA _____ cm (outside) ℓA _____ cm (outside)
ℓAi _____ cm (inside) ℓAi _____ cm (inside)

Toe tip

- Closed Straight Standard
 Open Slant Soft
 Lower foot extension

Reinforced seam

- No design
 Design: color black 
 Design: color beige 
 Personalized (note text under «Remarks», capital letters only, max. 40 characters)

* Please indicate / draw the exact position and measurements on the sheet
«Additions to Sigvaris flat knit compression garments».