Sigvaris Custom Flat Knit Order form
LOWER BODY **OPTIFORM® TOE CAPS**

SIGVARIS GROUP

☐ Order ☐ Multi-component garment ☐ Cost-estimate

Stamp / Signature / Ship to address:

Customer name _____

Customer number _____ Fitter _____

Patient name _____

Order no. _____ Order date _____

SIGVARIS, INC.
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Peachtree City, GA 30269
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www.sigvaris.com

Save Print Reset

Compression	**OPTIFORM**	**Quantity** (in pieces)		**Colors**		**Toe cap AA1**
	Toe Caps	Right	Left	☐ Beige	☐ Black Raspberry	Open toes
CCL 1	☐	____	____	☐ Black	☐ Deep Blue	☐ with little toe
CCL 2	☐	____	____		☐ Mystic Green	☐ without little toe, (circumference and length also needed for little toe)
					☐ Stormy Gray	
					☐ Mahogany Brown	

Ending

☐ Standard
☐ Porous

Additions/Options

☐ Liner**
Width ____ cm
Length ____ cm

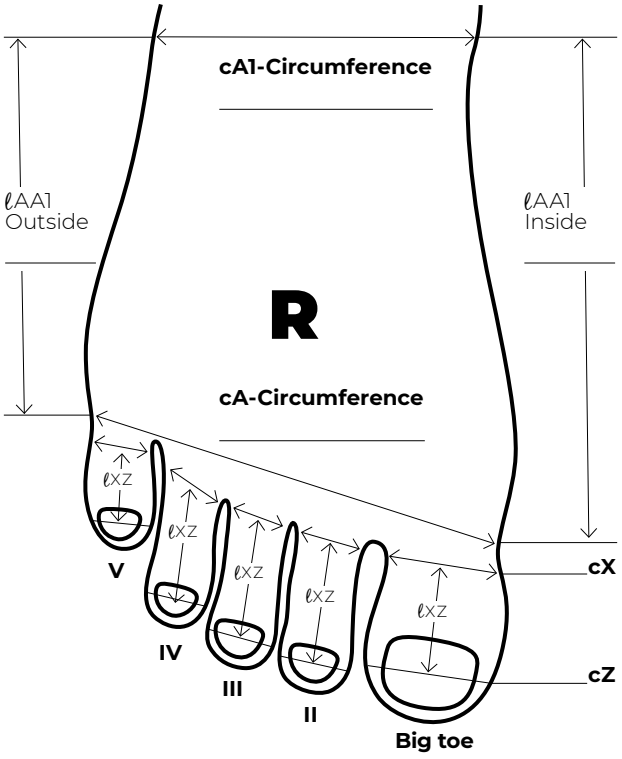
☐ Pocket**
Width ____ cm
Length ____ cm

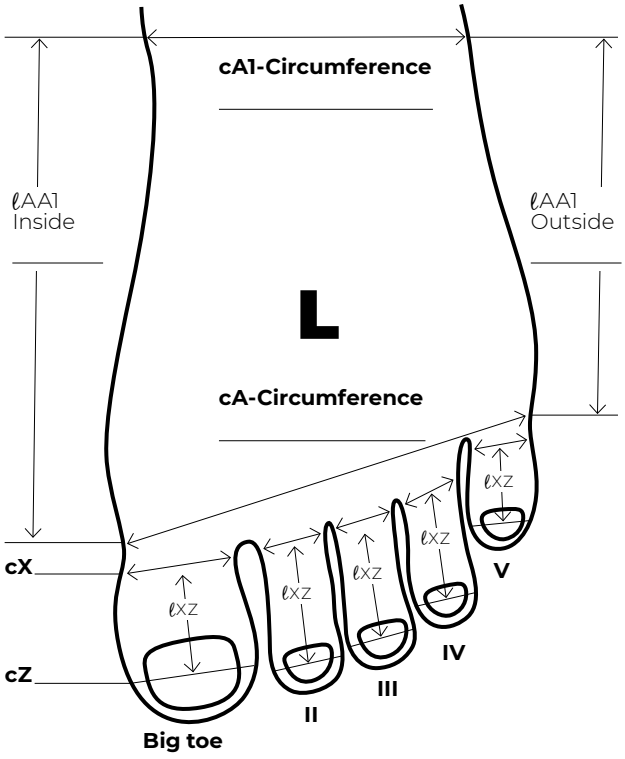
Label inside (Standard)
☐ Outside

Attention: Toe length measurement from the base of the webbed skin (X) to the desired end (Z), usually nail base or middle of the nail

Right	Circumference X	Circumference Z	Length ℓX-Z
Big toe			
Toe II			
Toe III			
Toe IV			
Toe V			

Left	Circumference X	Circumference Z	Length ℓX-Z
Big toe			
Toe II			
Toe III			
Toe IV			
Toe V			





Remarks

** Please indicate/draw exact position and dimensions on order sheet.
Liner and pocket max. 3/4 of circumference.

SC / X'000 / 05.2024 / V1 / 358559_USA_en