

Instructions for completing Optiform Flat Knit Made to Measure measuring form

Part 1: Complete this section for all garments (STEP 1, 2 & 3)

Step 1

Complete all details for **Patient and orderer information**. Add any special requests required in the box provided

Step 2

Complete all relevant measurements for garment(s) required in the **Patient measurement** section:

ℓ = length

c = circumference

For advice on tape measure tensions, please see our recommendations in the Sigvaris Measuring Guidelines. You can download this from the Sigvaris website in the Medical literature section

Step 3

Complete all details in **Product specifications**, choosing the fabric, style, compression class, quantity and options relevant to your patient's order

Part 2: Complete this section for garments with a waist (STEP 4, 5 & 6)

Step 4

Complete all details for **Patient and orderer information** (this is a repeat of the information in **STEP 1**, in case the form gets separated)

Step 5

Complete all 9 body measurements for garment(s) required in the **Body measurement** section:

ℓ = length

c = circumference

Step 6

Complete all details in **Body specifications**

How to place your order?

Use the MTM App

A dynamic guided process that makes your life easier when measuring for flat knit or circular knit made to measure hosiery. The benefits include:

- A simple ordering process which leads to patients receiving their hosiery quicker
- Saves the measuring & patient details to make reordering effortless
- Tailors the information needed to suit the garment you require which ensures no measurements are missed and simplifies your ordering experience.

GDPR

Please note, that any data provided whether personal or otherwise, will only be used for the purpose of manufacturing and supplying the requested garment(s), and any fitting issues of same

FP10 Orders

Give a copy of part 1 or both parts intact for all other garments, to your patient.

This should then be ordered with us by the pharmacy or Dispensing Appliance Contractor (for example Daylong or Patient Choice) once the prescription has been raised or referral letter actioned

Direct Orders by email

Email part 1 only or both parts for all other garments to Customer Services at madetomeasure@sigvaris.com

Direct Orders by fax

Fax part 1 only or separate and fax both parts for all other garments to Customer Services on 01264 369950

Direct Orders by post

Send a copy of part 1 or both parts intact for all other garments, to the following:

SIGVARIS Britain Ltd

1 Imperial Court, Magellan Close,
Andover, Hampshire, SP10 5NT



Step 1

Patient and orderer information

Patient Name / NHS number:

Male Female

Measurer's Name:

Email address:

Measurer's telephone number:

Date measured:

Date required:

Order route: Direct FP10

Order number:

Delivery Address (including postcode):

Delivery telephone number:

Payee Name / Account Number:

Special Requests:

Step 2

Patient measurements (measurements to be taken in centimetres)

Length (ℓ)		Circumference (c)		Circumference (c)		Length (ℓ)	
Right leg				Left leg			
ℓG	cm	cG	cm	cm	cG	cm	ℓG
ℓF	cm	cF	cm	cm	cF	cm	ℓF
ℓE	cm	cE	cm	cm	cE	cm	ℓE
ℓD	cm	cD	cm	cm	cD	cm	ℓD
ℓC	cm	cC	cm	cm	cC	cm	ℓC
ℓB1	cm	cB1	cm	cm	cB1	cm	ℓB1
ℓB	cm	cB	cm	cm	cB	cm	ℓB
Right foot		Left foot					
ℓA	cm	cA	cm	cm	cA	cm	ℓA
ℓA1	cm	cA1	cm	cm	cA1	cm	ℓA1
ℓA2	cm	cA2	cm	cm	cA2	cm	ℓA2
ℓZ	cm	cY	cm	cm	cY	cm	ℓZ
Slant toe only		Slant toe only					
Inside	Outside	Inside	Outside				
ℓS1	cm	ℓS2	cm	cm	ℓS1	cm	ℓS2

Foot measurements (for both left and right) to be written below

T-heel included as standard

Step 3

Product specification

Fabric choice

Flex Hold *Flex fabric is only available in Compression Class 1 & 2*

Compression Class

Right leg Class 1 Class 2 Class 3

Left leg Class 1 Class 2 Class 3

Garment style

Tick your required style

Ankle sock (A-BI)

Below knee (A-D)

Below knee sleeve (B/B1-D)

Thigh (A-G)

Thigh sleeve (B/B1/C/E-G)

Other garment with a body including waist attachment *Select garment style and quantity in part 2*

Quantity

Right _____ Left _____

Colour

Beige Black

Toe options

Open Closed Straight Slant *Applies to both feet*

Options / Accessories

Grip top

Depth (cm): 3.5 5 Position: Inside On Top *Inside grip top only goes round 3/4 of the circumference*

Slip form

Shallow Steep Quad Plus

Knee functional zone

Right Left

Inside Outside Back

Zip (Standard B-D)

Right Left Right Left Right Left

Ankle pad

Liner pocket

Height (cm) _____ Width (cm) _____ *Specify exact liner pocket and silicone strip quantity & position (for legs and feet only) using the diagram and Special Requests box.*

Silicone strip

Height (cm): 3.5 5 Width (cm) _____

By submitting this measurement/order form, you agree to the data provided to be used only for the purpose of manufacturing and supplying the requested garment/s and any fitting issues of this garment.

Please check thoroughly before submitting your order as SIGVARIS GROUP can take no responsibility for any inaccuracies provided on this form. Use the new Made to Measure App to avoid missing essential details, this will speed up delivery and enable us to provide top quality customer service.

Part 2

Only complete this part of the form if you are ordering a garment with a waist measurement.

Please remember to send both Part 1 and 2 to the following:
 TEL 01264 326666 FAX 01264 369950 EMAIL madetomeasure@sigvaris.com

Step 4

Patient and orderer information

Please repeat details from STEP 1.

Patient Name / NHS number:

Measurer's Name:

Email address:

Measurer's telephone number:

Special Requests:

Step 5

Body measurements

Length (ℓ) Circumference (c)

Length (ℓ)

Front

Back

Step 6

Body specification

Garment style	Quantity		
	Right	Left	
<input type="radio"/> AGT Waist attachment	_____	_____	
Pairs			
<input type="radio"/> Tights (A-T) <small>(for footless tights, choose leggings)</small>	_____	_____	
<input type="radio"/> Tights 1 leg (A-T) <small>(short leg = body compression)</small>	_____	_____	
<input type="radio"/> Leggings (B-T)	_____	_____	
<input type="radio"/> Capri (B/C/D-T)	_____	_____	
<input type="radio"/> Shorts (E/F/G-T)	_____	_____	
Body compression class			
<input type="radio"/> Class < 1	<input type="radio"/> Class 1	<input type="radio"/> Class 2	<input type="radio"/> Class 3
			<small>Available for Hold fabric only</small>
Body options / accessories			
Waistband	<input type="radio"/> Standard	<input type="radio"/> Adjustable	<input type="radio"/> 5cm Elasticated
Gusset	<input type="radio"/> Standard	<input type="radio"/> Reinforced	<input type="radio"/> Open <input type="radio"/> Fly opening <input type="radio"/> Body zip
Liner pocket	_____	_____	_____
Silicone strip	<input type="radio"/> Height (cm) 3.5	<input type="radio"/> Width (cm) 5	_____

Specify exact liner pocket and silicone strip quantity & position (for body only) using the diagram and Special Requests box.

With more than 150 years of expertise within medical compression wear, **SIGVARIS GROUP** is dedicated to help people feel their best. Every day



Product codes

Optiform Flex

	Class 1	Class 2
Ankle Sock	OFAS1	OFAS2
Below knee	OFC1	OFC2
Below knee sleeve	OFBKS1	OFBKS2
Thigh	OFT1	OFT2
Thigh sleeve	OFTS1	OFTS2
Thigh w/ waist Attachment	OFW1	OFW2
Body bandage	OFB1	OFB2
Tights (panty)	The code for Optiform Flex Tights and Tights with one leg are made up of 2 or 3 codes from this table (EG Body bandage OFB1 + Thigh(s) OFT2)	
Tights (panty) w/ one leg		
Shorts	OFS1	OFS2
Capri	OFCL1	OFCL2
Leggings	OFL1	OFL2

Optiform Hold

	Class 1	Class 2	Class 3
Ankle Sock	OHAS1	OHAS2	OHAS3
Below knee	OHC1	OHC2	OHC3
Below knee sleeve	OHBKS1	OHBKS2	OHBKS3
Thigh	OHT1	OHT2	OHT3
Thigh sleeve	OHTS1	OHTS2	OHTS3
Thigh w/ waist Attachment	OHW1	OHW2	OHW3
Body bandage	OHB1	OHB2	OHB3
Tights (panty)	The code for Optiform Hold Tights and Tights with one leg are made up of 2 or 3 codes from this table (EG Body bandage OHB1 + Thigh(s) OHT2)		
Tights (panty) w/ one leg			
Shorts	OHS1	OHS2	OHS3
Capri	OHCL1	OHCL2	OHCL3
Leggings	OHL1	OHL2	OHL3

Accessories

Options with additional extra cost

Silicone band / strip	OA1S
Knee functional zone	OA1K
Quad plus	OA1Q
Adjustable waistband	OA2AW
Ankle pad - 1 piece	OA2AP
Liner pocket	OA2SP
Fly opening	OA2FO
Reinforced gusset	OA2RG
Zip with lining / Body zip	OA3Z

Options with no extra cost

Straight Toe	OT (Open)	CT (Closed)
Slant Toe		
Slipform		
Open Crotch		
T-Heel		

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FAX 01264 369950

www.sigvaris.group

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