

Made to Measure OPTIFORM Flat knit measuring form

When completed, please email this order through to customerservices@sigvaris.com

Part 1 - All garments

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

TEL 01264 326666 FAX 01264 369950
EMAIL customerservices@sigvaris.com

Patient and orderer information		Step 1
Patient name / NHS number:		
<input type="radio"/> Male	<input type="radio"/> Female	
Measured by - name:		
Measured by - organisation:		
Measurer's email address:		
Measurer's telephone number:		
Measured date:		
Required by date:		
Order route	FP10 <input type="radio"/>	Direct <input type="radio"/>
Purchase order number:		
Payee name / Account number:		
Delivery address (including postcode):		
Delivery telephone number:		
Special requests:		

Patient measurements (measurements to be submitted in centimetres)				Step 2
Right leg		Left leg		
Length (ℓ) (Measure from ground/heel to each point on the outside of the leg)	Circumference (c)	Circumference (c)	Length (ℓ) (Measure from ground/heel to each point on the outside of the 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	
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	

T-heel included as standard

Product specification				Step 3
Fabric choice		Compression class (RAL)		
Flex	Hold	<i>Flex fabric is only available in Compression Class 1 & 2</i>		
<input type="radio"/>	<input type="radio"/>	Right leg	Class 1	Class 2
		Left leg	<input type="radio"/>	<input type="radio"/>
Garment style		Quantity		Colour
<i>Tick your required style</i>		Right	Left	Beige
<input type="radio"/> Ankle sock (A-B1)		_____	_____	<input type="radio"/>
<input type="radio"/> Below knee (A-D)		_____	_____	<input type="radio"/>
<input type="radio"/> Below knee sleeve (B/B1-D)		_____	_____	
<input type="radio"/> Thigh (A-G)		_____	_____	
<input type="radio"/> Thigh sleeve (B/B1/C/E-G)		_____	_____	
<input type="radio"/> Other garment with a body including waist attachment				<i>Select garment style and quantity in part 2</i>
Toe options		Open	Closed	Straight
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Options / accessories		Slant		
		<input type="radio"/>		
		Depth (cm)	Position	
		3.5	5	Inside
Grip top	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	On Top
			<input type="radio"/>	<input type="radio"/>
		Shallow	Steep	Quad Plus
Slip form	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
		Right	Left	
Knee functional zone	<input type="radio"/>	<input type="radio"/>		
		Inside	Outside	Back
		Right	Left	Right
Zip (Standard B-D)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ankle pad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Height (cm)	Width (cm)	
Liner pocket	_____	_____	_____	
		Height (cm)	Width (cm)	
Silicone strip	<input type="radio"/>	3.5	5	
		<input type="radio"/>	<input type="radio"/>	
		<i>Specify exact liner pocket and silicone strip quantity & position (for legs and feet only) using the diagram and Special Requests box.</i>		

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 customerservices@sigvaris.com



Patient and orderer information	Step 4
Please repeat details from Step 1	
Patient name / NHS number:	
Measured by - name:	
Measurer's email address:	
Measurer's telephone number:	
Special requests:	

Body measurements	Step 5
<p>Length (ℓ) (Measure from ground/heel to each point on the outside of the leg)</p> <p>Circumference (c)</p> <p>Front</p> <p>ℓT cm cm cT</p> <p>ℓH cm cm cH</p> <p>ℓK1 cm Pubic bone</p> <p>Back</p> <p>ℓK2 left cm cm ℓK2 right</p> <p>(Measure following the contour)</p> <p>Waist</p> <p>cm ℓKIT</p> <p>Pubic bone</p> <p>(Measure following the contour)</p> <p>Waist</p> <p>cm ℓK2T</p> <p>Gluteal fold</p>	<p>Left leg Length (ℓ) (Measure from ground/heel to gluteal fold)</p> <p>Right leg Length (ℓ) (Measure from ground/heel to gluteal fold)</p> <p>Back</p> <p>L R</p>

Body specification	Step 6																																																																		
<p>Garment style</p> <p><input type="radio"/> AGT Waist attachment</p> <p><input type="radio"/> Tights (A-T) (for footless tights, choose leggings)</p> <p><input type="radio"/> Tights 1 leg (A-T) (short leg = body compression)</p> <p><input type="radio"/> Leggings (B-T)</p> <p><input type="radio"/> Capri (B1/C/D-T)</p> <p><input type="radio"/> Shorts (E/F/G-T)</p> <p>Body compression class (RAL)</p> <p>Class < 1 Class 1 Class 2 Class 3</p> <p><input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p> <p><i>Available for Hold fabric only</i></p> <p>Body options / accessories</p> <table border="0"> <tr> <td></td> <td>Standard</td> <td>Adjustable</td> <td colspan="3">5cm Elasticated</td> </tr> <tr> <td>Waistband</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td colspan="3"><input type="radio"/></td> </tr> <tr> <td></td> <td>Standard</td> <td>Reinforced</td> <td>Open</td> <td>Fly opening</td> <td>Body zip</td> </tr> <tr> <td>Gusset</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td></td> <td>Height (cm)</td> <td>Width (cm)</td> <td colspan="3"></td> </tr> <tr> <td>Liner pocket</td> <td>_____</td> <td>_____</td> <td colspan="3"></td> </tr> <tr> <td></td> <td>Height (cm)</td> <td>Width (cm)</td> <td colspan="3"></td> </tr> <tr> <td></td> <td>3.5</td> <td>5</td> <td colspan="3"></td> </tr> <tr> <td>Silicone strip</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td colspan="3">_____</td> </tr> </table> <p><i>Specify exact liner pocket and silicone strip quantity & position for body only! using the diagram and Special Requests box.</i></p>		Standard	Adjustable	5cm Elasticated			Waistband	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				Standard	Reinforced	Open	Fly opening	Body zip	Gusset	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		Height (cm)	Width (cm)				Liner pocket	_____	_____					Height (cm)	Width (cm)					3.5	5				Silicone strip	<input type="radio"/>	<input type="radio"/>	_____			<p>Quantity</p> <table border="0"> <tr> <td></td> <td>Right</td> <td>Left</td> </tr> <tr> <td></td> <td>_____</td> <td>_____</td> </tr> <tr> <td></td> <td colspan="2">Pairs</td> </tr> <tr> <td></td> <td colspan="2">_____</td> </tr> </table>		Right	Left		_____	_____		Pairs			_____	
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<p>Need some extra help</p> <p>Scan the QR code to watch our video on how to measure for MTM OPTIFORM Flat knit</p>																																																																			