Date: Purchase Order No:		Patient Name:					
Measured By:		Delivery Address:			®mondi and m measure form		
Tel: Email:		Invoice Address:			elow knee. Complete both		
Lengths LEFT Circumferences LEFT KNEE		Circumferences RIGHT KNEE	Lengths RIGHT	1 Fabric choice: mediven mondi mediven cosy 2 Compression class (RAL) and Quantity:		7 Zip: add DTZIP & quantity to prescription Inside (B-D length) Outside (B-D length)	
c	D	D	С	QUANTITY Left Right		mediven mondi order codes:	
				ccl2 (23-32mmHg)		ccl1	DTMK1
	C	C		ccl3 (34-46mmHg)		ccl2	DTMK2
B1			B1	3 Silicone Topbands below k	helow knee	ccl3	DTMK3
	B1 /	\ B1		add DTTB & quantity to prescription		••	
				Sensitive	2.5cm		en cosy
B	В	В	В				codes:
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Rose pattern	5cm	ccl1	DTCK1
Measure length			Measure length	Plain with dotted sili	icone	ccl2	DTCK2
from base of	Υ	Υ	from base of	4 Colour:		ccl3	DTCK3
heel to each			heel to each	Black Sand		ADD the following codes	
point, following Contours A LEFT LEG Measure		A	point, following contours	Navy Caramel		and quantities to your	
contours	LEFT LEG Measure	ements in cm RIGHT LEG	contours	Anthracite*	Magenta*	prescription	
		Cashmere* Mango Yellow*		mediven mondi &			
F	oot Styles	Foot Length - Closed Toe (h	t Length - Closed Toe (heel to longest toe)			mediven co	sy EXTRAS
Closed t	oe Open toe			Grey*	Blue-Jeans*	Closed Toe	DTTOE
	·	ight foot slant Right foot	Closed toe right	*optional - extended delivery p caramel will be supplied.	period. If no colour specified,	Added Y mark (heel)	DTYKM
Lei		ght foot slant Right foot slant open and closed toe orders		11	1.3	Zip	DTZIP
	9P			5 Patterns (mediven	cosy only)	Topband	DTTB
	N	Notes:			Elements Design Elements one (tick) Two tone (tick)		
1		inside		Nature			
outside	nside			Dots			
outs	ië			Stripey			
				Classic			
•			<u>'</u>	6 Added Y mark	at 'Y' for wheelchair users		a a di

add DTYKM & quantity to prescription

Date: Purchase Order No:		Patient Name:						
Measured By:		Delivery Address:		mediven®mondi and m made to measure form				
Tel: Email:		Invoice Address:		Below knee must be completed overleaf for a full thigh length/tights order.				
Lengths LEFT	Circumferences LEFT WAIST	LK-T Back =	Lengths RIGHT T H K G F E D Measure length from base of heel to each point, following contours	8 Styles: Thigh	mediven mon	I		
T	T HIPS H K G F E D KNEE			Thigh length waist attachment** One legged panty - (mediven mondi only)	Thigh length DTMT1 DTMT2	ccl3		
				Tights Men's Fly	Thigh waist DTMW1 DTMW2 attch.	DTMW3		
				9 Compression class (RAL) and Quantity: LEGS - QUANTITY Left Right ccl1 (18-21mmHg)	One legged panty Tights N/A DTMTG2			
				ccl2 (23-32mmHg) ccl3 (34-46mmHg) PANTY SECTION (tick required ccl)	mediven cosy order codes:			
				ccl1 (18-21mmHg) ccl2 (23-32mmHg)	Ccl1 Ccl2 Thigh length DTCT1 DTCT2	ccl3		
				ccl3 (34-46mmHg) 10 Silicone Topband thigh:	Thigh waist attch.	DTCW3		
from base of heel to each point, following contours	Measuremen LK-T Front =			add DTTB & quantity to prescription Sensitive Rose pattern Plain with dotted silicone	Tights DTCTG1 DTCTG2 DTCTG3 ADD the following codes and quantities to your prescription			
measure from groin to panty top		measure from gluteal fold to panty top	Notes:	11 Optional Extras: Zips: add DTZIP & quantity to prescription	mediven mondi & mediven cosy EXTRAS: Added Y mark (heel) DTYKM			
	LK1 = measure from groin	LK2 = measure from gluteal		Zip replacement: Below knee: Inside Outside Above knee: Inside Outside	Zip Topband	DTZIP DTTB DTFLY		
to floor fold to floor ** Thigh length waist attachment		fold to floor		Pant section: L R Mid 12 Added Y mark at 'E' for seated				



occupations

add DTYKM & quantity to prescription

Waist - circ.

Length - floor to waist

cm