

Patient Last Name: \_\_\_\_\_ Patient First Name: \_\_\_\_\_  
 Fitter Last Name: \_\_\_\_\_ Fitter First Name: \_\_\_\_\_  
 Fitter Title: \_\_\_\_\_ (example: PT/OT/PTA)  
 Date: \_\_\_\_\_

**Custom Made Circular Knitted Compression Stockings Order Form**

Product / Brand	Quantity		Sand	Sun Bronze	Black	Amber	Navy
	left	right					
<b>Seamless Soft</b> 18-21 mmHg* (CCL 1)							
<b>Seamless Soft</b> 23-32 mmHg* (CCL 2)							
<b>Seamless Soft</b> 34-46 mmHg* (CCL 3)							
<b>Bellavar™ ***</b> 23-32 mmHg* (CCL 2)							
<b>Bellavar™ ***</b> 34-46 mmHg* (CCL 3)							

**Basic Styles:**

AD  AF  AG  AG-T  AG-HT  AT

**Options:**

Closed toe  Open toe  Short foot (closed)

**Special Options:**

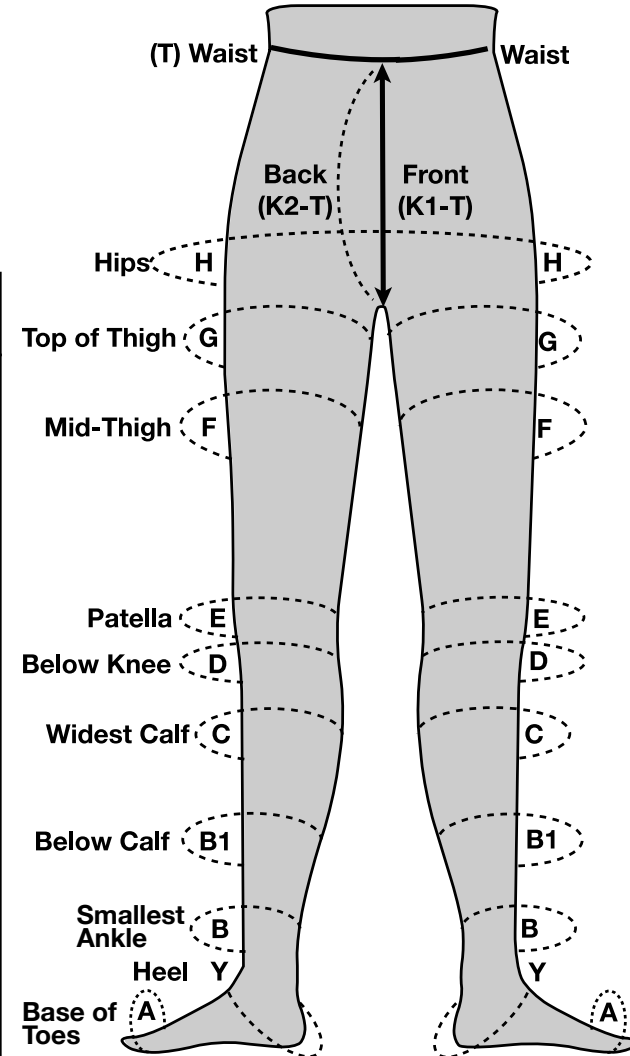
**AD**  No Silicone  Silicone dotted band 2.5 cm  
 Silicone dotted band 5 cm  SoftFit™ (only in AD)

**AF/AG**  No Silicone  Silicone dotted band 5 cm  
 Silicone lace band 6 cm  Silicone Soft band 6 cm\*\*

**AT**  Maternity  Fly for Men  
 Full compression  Regular Adjustable Waist band  
 Waist band 2.5 cm\*\*  Waist band 5.0 cm\*\*

Circum.(c)	Length (l)	Length (l)
cT	K2-T	lT
cH	K1-T	lH

Circumference (c)		Length (l): Taken from each landmark to floor.	
Left	Right	Left	Right
cG		lG	
cF		lF	
cE		lE	
cD		lD	
cC		lC	
cB1		lB1	
cB		lB	
cY		lA (medial)	
cA		lA (lateral)	



Foot length open toe lA \_\_\_\_\_ Foot length closed toe lZ \_\_\_\_\_  
 (Not available in slant open or slant closed toe, only straight.)

Comments: \_\_\_\_\_

\*Design Pressure \*\*Not available in Full Compression or Bellavar \*\*\*Not available in Bellavar  
 Take measurements on edema-free extremities only. All measurements must be recorded in cm.