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Patient

Date  
measured

Measured By

Organisation

Order No

Postcode

Tel / E-mail

F0001

F0001-003 ver.08

## 1 STYLE & MEASUREMENTS

|        |            |            |                        |                                      |        |                   |
|--------|------------|------------|------------------------|--------------------------------------|--------|-------------------|
|        |            |            |                        |                                      |        |                   |
| ANKLET | BELOW KNEE | THIGH HIGH | THIGH HIGH + WAISTBAND | THIGH HIGH PAIR + COMBINED WAISTBAND | TIGHTS | TIGHTS ONE LEGGED |

  

| LENGTH           | CIRCUMFERENCE  | RIGHT | LEFT | CIRCUMFERENCE  | LENGTH           |
|------------------|----------------|-------|------|----------------|------------------|
| A-g              | g              |       |      | g              | A-g              |
| A-f              | f              |       |      | f              | A-f              |
| A-e              | e              |       |      | e              | A-e              |
| A-d              | d              |       |      | d              | A-d              |
| A-c              | c              |       |      | c              | A-c              |
| A-b <sup>1</sup> | b <sup>1</sup> |       |      | b <sup>1</sup> | A-b <sup>1</sup> |
| A-b              | b              |       |      | b              | A-b              |
|                  | h              |       |      | h              |                  |
|                  | a              |       |      | a              |                  |

## 2 PANTY SHAPING

Required for Tights & Thigh High + Waistband

Required for Tights

Following contours

t-gluteal fold

## 3 FOOT LENGTHS

|                                                                                     |                                                                                     |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <br>heel to base of little toe<br>heel to base of big toe<br>heel to top of big toe | <br>heel to base of little toe<br>heel to base of big toe<br>heel to top of big toe |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|

## 4 TOE OPTIONS

|           |            |          |        |
|-----------|------------|----------|--------|
|           |            |          |        |
| FOOT LESS | CLOSED TOE | OPEN TOE | SLANT* |

\*Flat Knit Only  
Please include all foot lengths (left)

## 5 FABRIC

|         | CIRCULAR KNIT            |                          |                            | FLAT KNIT                |                          |                          |
|---------|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|--------------------------|
|         | VENI<br>NOT ON FP10      | DOKTUS<br>NOT ON FP10    | STAR COTTON<br>NOT ON FP10 | PERTEX LIGHT             | PERTEX                   | GOLDPUNKT                |
| CLASS 1 | <input type="checkbox"/> |                          | <input type="checkbox"/>   | <input type="checkbox"/> |                          |                          |
| CLASS 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |                          | <input type="checkbox"/> | <input type="checkbox"/> |
| CLASS 3 | <input type="checkbox"/> | <input type="checkbox"/> |                            |                          | <input type="checkbox"/> | <input type="checkbox"/> |
| CLASS 4 |                          |                          |                            |                          |                          | <input type="checkbox"/> |

## 6 GRIP TOP

|                              |                          |
|------------------------------|--------------------------|
| FP10 CHARGE OPTION           | <input type="checkbox"/> |
| 3cm PLAIN                    | <input type="checkbox"/> |
| 5cm STRONG PLAIN             | <input type="checkbox"/> |
| 5cm FINE LACE                | <input type="checkbox"/> |
| 5cm STRONG LACE              | <input type="checkbox"/> |
| 5cm <sup>2</sup> GRIP PIECES | <input type="checkbox"/> |
| 4cm NON-SILICONE             | <input type="checkbox"/> |

## 7 COLOUR

## 8 QUANTITY

RIGHT LEFT TIGHTS

### PARTIAL LININGS

### FASTENINGS

### LEGS

### PANTY

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>FP10 CHARGE OPTION</p> <p></p> <p>CLOSED</p> <p>TYPE <input type="text"/></p> <p>AT <input type="text"/></p> <p>HEIGHT <input type="text"/></p> <p>WIDTH <input type="text"/></p> <p>LEG(S) <input type="text"/></p> <p>FRONT <input type="checkbox"/> BACK <input type="checkbox"/></p> <p>INSIDE <input type="checkbox"/> OUTSIDE <input type="checkbox"/></p> <p></p> <p>OPEN</p> <p>TYPE <input type="text"/></p> <p>AT <input type="text"/></p> <p>HEIGHT <input type="text"/></p> <p>WIDTH <input type="text"/></p> <p>LEG(S) <input type="text"/></p> <p>FRONT <input type="checkbox"/> BACK <input type="checkbox"/></p> <p>INSIDE <input type="checkbox"/> OUTSIDE <input type="checkbox"/></p> <p></p> <p>WITH PAD</p> <p>TYPE <input type="text"/></p> <p>AT <input type="text"/></p> <p>HEIGHT <input type="text"/></p> <p>WIDTH <input type="text"/></p> <p>LEG(S) <input type="text"/></p> <p>FRONT <input type="checkbox"/> BACK <input type="checkbox"/></p> <p>INSIDE <input type="checkbox"/> OUTSIDE <input type="checkbox"/></p> | <p>FP10 CHARGE OPTION</p> <p></p> <p>ZIP</p> <p></p> <p>VELCRO FASTENING</p> <p></p> <p>VELCRO STRAPS</p> <p>FROM: <input type="text"/> TO: <input type="text"/></p> <p>FRONT <input type="checkbox"/> BACK <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE <input type="checkbox"/></p> <p></p> <p>THIGH HIGH WAISTBAND</p> <p>BUTTON <input type="checkbox"/> VELCRO IS THE DEFAULT</p> | <p>SLANT TOP<br/>FLAT KNIT ONLY</p> <p><input type="checkbox"/></p> <p>"t-heel" FLAT KNIT ONLY<br/>FP10 CHARGE OPTION</p> <p><input type="checkbox"/></p> <p>INCREASED COMPRESSION ABOVE: <input type="text"/></p> <p>REDUCED COMPRESSION ABOVE: <input type="text"/></p> <p>MALLEOLOUS PADS<br/>FP10 CHARGE OPTION</p> <p>RIGHT <input type="checkbox"/> LEFT <input type="checkbox"/></p> | <p>WAISTBAND</p> <p></p> <p>ELASTIC</p> <p></p> <p>FLAT KNIT DEFAULT</p> <p></p> <p>DRAW STRING</p> <p></p> <p>KNITTED</p> <p>CIRCULAR KNIT<br/>DEFAULT &amp; EXCLUSIVE</p> | <p>HALF COMPRESSION <input type="checkbox"/></p> <p>FULL COMPRESSION <input type="checkbox"/></p> <p>FLY VERTICAL <input type="checkbox"/></p> <p>FLY HORIZONTAL <input type="checkbox"/></p> <p>MALE GUSSET <input type="checkbox"/></p> <p>OPEN CROTCH <input type="checkbox"/></p> <p>LOOSE FIT <input type="checkbox"/></p> <p>OPEN FRONT <input type="checkbox"/></p> |
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COMMENTS

CUSTOM-ONLINE NO.

HC

REPEAT SERIAL NO.