

Made to Measure OPTIFORM Flat knit measuring form

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

Part 1 - All garments

Patient and orderer information		Step 1
Patient name / NHS number:		
Male	Female	
Measured by - name:		
Measured by - organisation:		
Measurer's email address:		
Measurer's telephone number:		
Measured date:		
Required by date:		
Order route	FP10	Direct
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 Length (ℓ) (Measure from ground/heel to each point on the outside of the leg) ℓG cm ℓF cm ℓE cm ℓD cm ℓC cm ℓB1 cm ℓB cm		Left leg Length (ℓ) (Measure from ground/heel to each point on the outside of the leg) ℓG cm ℓF cm ℓE cm ℓD cm ℓC cm ℓB1 cm ℓB cm
Circumference (c) cG cm cF cm cE cm cD cm cC cm cB1 cm cB cm		Circumference (c) cG cm cF cm cE cm cD cm cC cm cB1 cm cB cm
Right foot ℓA cm ℓA1 cm ℓA2 cm ℓZ cm ℓS1 cm ℓS2 cm		Left foot ℓA cm ℓA1 cm ℓA2 cm ℓZ cm ℓS1 cm ℓS2 cm
Slant toe only Inside ℓS1 cm Outside ℓS2 cm		Slant toe only Inside ℓS1 cm Outside ℓS2 cm

With 160 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

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Product specification		Step 3
Fabric choice Flex Hold <i>Flex fabric is only available in Compression Class 1 & 2</i>		Compression class (RAL) Class 1 Class 2 Class 3
Garment style Tick your required style		Quantity Right Left
Colour Beige Black		
Right leg Ankle sock (A-B1) Below knee (A-D) Below knee sleeve (B/B1-D) Thigh (A-C) Thigh sleeve (B/B1/C/E-G) Other garment with a body including waist attachment		Left leg Ankle sock (A-B1) Below knee (A-D) Below knee sleeve (B/B1-D) Thigh (A-C) Thigh sleeve (B/B1/C/E-G) Other garment with a body including waist attachment
Toe options Open Closed Straight Slant		Select garment style and quantity in part 2 Applies to both feet
Options / accessories Depth (cm) 3.5 5 Grip top Shallow Steep Quad Plus Slip form Right Left Knee functional zone Inside Outside Back Right Left Right Left Right Left Zip (Standard B-D) Ankle pad Height (cm) Width (cm) 3.5 5 Liner pocket Height (cm) Width (cm) 3.5 5 Silicone strip		Inside grip top only goes round 3/4 of the circumference Specify exact liner pocket and silicone strip quantity & position (for legs and feet only) using the diagram and Special Requests box.

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 customerservices@sigvaris.com

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Patient and orderer information		Step 4		Body measurements		Step 5		Body specification		Step 6					
Please repeat details from Step 1															
Patient name / NHS number:															
Measured by - name:															
Measurer's email address:															
Measurer's telephone number:															
Special requests:															
<div><div>Length (ℓ)</div><div>(Measure from ground/heel to each point on the outside of the leg)</div><div><div>ℓT</div><div>cm</div><div>cm</div><div>cT</div><div>ℓH</div><div>cm</div><div>cm</div><div>cH</div><div>ℓK1</div><div>cm</div><div>Pubic bone</div><div>R</div><div>L</div></div></div>				<div><div>Circumference (c)</div><div>Front</div><div>Back</div><div>Left leg</div><div>Length (ℓ)</div><div>(Measure from ground/heel to gluteal fold)</div><div>ℓK2 left</div><div>cm</div><div>Right leg</div><div>Length (ℓ)</div><div>(Measure from ground/heel to gluteal fold)</div><div>ℓK2 right</div><div>cm</div><div>L</div><div>R</div></div>				<div><div>(Measure following the contour)</div><div>Waist</div><div>cm</div><div>ℓKIT</div><div>Pubic bone</div></div>				<div><div>(Measure following the contour)</div><div>Waist</div><div>cm</div><div>ℓK2T</div><div>Gluteal fold</div></div>			
<div><div>Garment style</div><div>AGT Waist attachment</div><div>Tights (A-T) (for footless tights, choose leggings)</div><div>Tights 1 leg (A-T) (short leg = body compression)</div><div>Leggings (B-T)</div><div>Capri (BI/C/D-T)</div><div>Shorts (E/F/G-T)</div></div> <div><div>Quantity</div><div>Right</div><div>Left</div><div>Pairs</div></div> <div><div>Body compression class (RAL)</div><div>Class < 1</div><div>Class 1</div><div>Class 2</div><div>Class 3</div><div>Available for Hold fabric only</div></div> <div><div>Body options / accessories</div><div>Standard</div><div>Adjustable</div><div>5cm Elasticated</div><div>Waistband</div><div>Standard</div><div>Reinforced</div><div>Open</div><div>Fly opening</div><div>Body zip</div><div>Gusset</div><div>Height (cm)</div><div>Width (cm)</div><div>Height (cm)</div><div>Width (cm)</div><div>3.5</div><div>5</div><div>Specify exact liner pocket and silicone strip quantity & position (for body only) using the diagram and Special Requests box.</div><div>Silicone strip</div></div>															
<div><div>Need some extra help</div><div>Scan the QR code to watch our video on how to measure for MTM OPTIFORM Flat knit</div><div></div></div>															