sigvaris

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 i	nformation	Step 1	Patient measurements (measurements to be submitted in centimetres)							tep 2	
Patient name / NHS number:			Right leg						Le	ft leg	
Male	Female		Length (ℓ) (Measure from ground/ heel to each point on the outside of the leg)	Circumference (c) Circumference			heel to		e from g o each p	Length (ℓ) from ground/ each point on side of the leg)	
Measured by - name:			ℓG cm	cG cm	\setminus		cm cG		cm	ℓG	
Manager de la constitución					R	L					
Measured by - organisation:			ℓF cm	cF cm			cm cF		cm	ℓF	
Measurer's email address:					/	\ , ,					
Measurer's telephone number:			ℓE cm	cE cm	+(-)	1()	cm cE		cm	ℓE	
·			ℓ D cm	cD cm	_	ļ	cm cD		cm	ℓD	
Measured date:			ℓc cm	cC cm			cm cC		cm	ℓС	
Required by date:						\					
Order route FP10	Direct		ℓB1 cm	cB1 cm			cm cB1		cm	ℓві	
Purchase order number:			ℓB cm	cB cm			cm cB		cm	ℓB	
Payee name / Account number:				cA CA	- \	/	A2 CA				
				cAI cY	ℓA2	ℓA2	cY cAI				
Delivery address (including pos	stcode):		Discha force	e,	A1	e	A1		1 -6		
			Right foot	cm	\sim	∞	cm	cA	cm	foot ℓA	
			<i>ε</i> ε ε ε ε ε ε ε ε ε ε ε ε ε ε ε ε ε ε	cm	Strict .	1350	cm		cm	₽A1	
						(~\	\				
Delivery telephone number:				cm	ℓA / ℓS1	ℓA / ℓS1	cm		cm		
			ℓZ _{cm} cY	cm 	1/	7/7	€ S2 cm		cm	ℓz	
Special requests:			Slant toe only Inside Outside	e		\bigcup		Sla:	nt toe	only Outside	
			ℓS1 cm ℓS2	cm	ℓ Z T-heel included	as standard	cm	ℓS1	cm	ℓS2	

With 160 years of expertise within medical compression wear, **SIGVARIS GROUP** is dedicated to help people feel their best. Every day



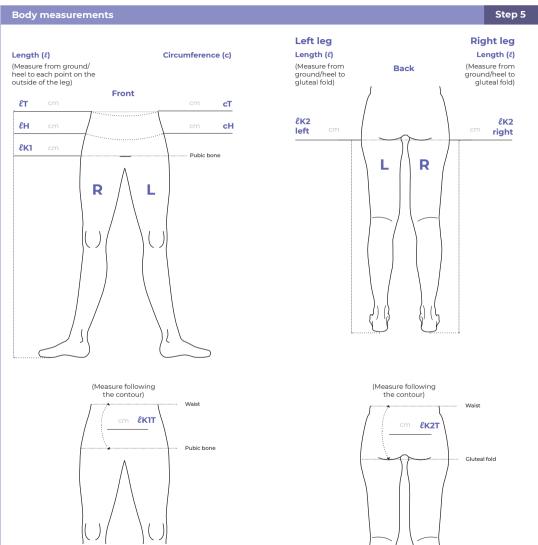
TEL 01264 326666 FAX 01264 369950 EMAIL customerservices@sigvaris.com

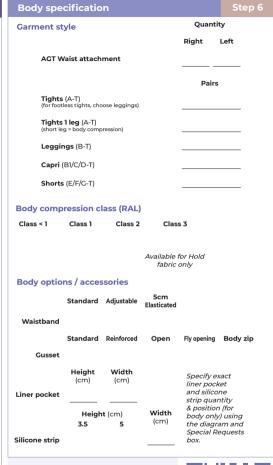
Product specific	Step 3										
Fabric choice		Compres	sion cla	ss (RAL)							
only a	Hold Flex fabric is only available in Compression Class 1 & 2		Right leg	Class 1	Class 2	Class 3					
	10.2		Left leg								
Garment style Quantity Colour											
Tick your required style		Quan Right	Left		Beige	Black					
Ankle sock (A-B1)											
, ,											
Below knee (A-D)											
Below knee sleev (B/B1-D)	re _										
Thigh (A-G)	_										
Thigh sleeve (B/B1/C/E-G)	_				Selec	.+					
Other garment w waist attachmen	garm	nent style quantity									
Toe options	Open	Closed	Straight	Slant	Applies to both feet						
Options / accessori		n (cm)	Posi	tion							
	3.5	5	Inside		Inside	e grip					
Grip top				toj rot		only goes and 3/4 of the cumference					
	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											
Heigh		ht (cm) Widt		liner		ify exact pocket					
Liner pocket					and s	ilicone quantity					
Н		it (cm)	Width	ı (cm)	& pos legs a	sition (for and feet					
	3.5	5				using liagram					
Silicone strip					and S	Special					



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

Only complete this part of the form if you are ordering a garment with a waist measurement.





Need some extra help

Scan the QR code to watch our video on how to measure for MTM OPTIFORM Flat knit

