

Order for SIGVARIS OPTIFORM Flat Knit Made To Measure Garments

Part 1: All Garments

1 Imperial Court, Magellan Close
Andover, Hampshire SP10 5NT
Tel +44 (0) 1264 326 666
Fax +44 (0) 1264 369 950
madetomeasure@sigvaris.com



Step 1: Details

Gender: ☐ Male ☐ Female

Patient Name, Reference or NHS Number: _____

Measured by: _____

Email: _____

Measurer's Tel No: _____

Measured Date: _____

Required by Date: _____

Order Number: _____

Order Route: ☐ Direct ☐ FP10

Delivery Address: _____

Postcode: _____

Tel: _____

Payee Name and Address: _____

Tel: _____

Special Requests: _____

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/s.

Step 2: Measurements

Lengths RIGHT **Circumferences RIGHT** **Circumferences LEFT** **Lengths LEFT**

l_G c_G c_G l_G

l_F c_F c_F l_F

l_E c_E c_E l_E

l_D c_D c_D l_D

l_C c_C c_C l_C

l_{B1} c_{B1} c_{B1} l_{B1}

l_B c_B c_B l_B

Right Foot **Left Foot**

l_A c_A l_{A1} c_{A1} l_{A2} c_{A2} l_Z c_Z

Slant toe only **Slant toe only**

Inside Outside Inside Outside

l_{S1} l_{S2} l_{S1} l_{S2}

T Heel Included as Standard

Step 3: Specification

Garment Style: ☐ AD Below Knee ☐ AG Thigh ☐ Other Garment with a body, incl. w/att

Quantity: Right Left

Colour: ☐ Beige ☐ Black

Select garment style & quantity in Part 2.

Fabric Choice: ☐ HOLD ☐ FLEX

Compression Class: Right Left

Class 1 ☐ ☐

Class 2 ☐ ☐

Class 3 ☐ ☐

Select body compression in Part 2.

Options/Accessories:

Grip Top - Depth ☐ 3.5cm ☐ 5 cm

- Position ☐ Inside ☐ On Top

Slip Form: ☐ Shallow ☐ Steep

Knee Functional Zone: ☐ Right ☐ Left

Zip Option: Standard = B to D

Ankle Pad: Right Left

Inside ☐ ☐

Outside ☐ ☐

Back ☐ ☐

Liner Pocket:

Height _____ cms. Width _____ cms.

Silicone Strip:

Width _____ cms. Height ☐ 3.5cm ☐ 5cm

Specify exact liner pocket & silicone strip quantity & position (for legs and feet only) using the diagram & Special Requests box.

Toe Options: (Applies to both feet)

☐ Open ☐ Closed ☐ Straight ☐ Slant

Please complete only Part 1 for AD - Below Knee or AG - Thigh (Part 2 may be discarded).
For all other garments, complete Part 1 AND Part 2. (If faxing, please separate Parts 1 and 2, and fax both pages).

Instructions for Completion

Part 1 (All Garments)

Step 1:

Complete all details in full. Special Requests for legs go here.

Step 2:

Complete relevant measurements for garment/s required.

ℓ = Length

C = Circumference

For tape measure tension please see our recommendations in the Sigvaris Measuring Guidelines, or visit **www.sigvaris.com/uk/en-uk** and go to: Products - Medical Product Literature - Optiform Flat Knit Measuring Guide

Step 3:

Please choose garment style, quantity, fabric, compression class, colour and any options / accessories including toe options. Use Special Requests box for additional information if required.

Part 2 (Garments with a body, incl. w/att)

NB Please repeat Part 1 Patient & Measurer details. Special Requests for the body go here.

Step 4:

Please complete the nine measurement boxes for **ALL** Part 2 garments.

Step 5:

Please choose garment style, quantity, body compression class and any options / accessories. Use Special Requests box for additional information if required. Colour, fabric and leg information should already be completed in Part 1.

For clinical advice or help with measuring, please contact our Clinical Advisor at **clinical.advisor@sigvaris.com**.

For speedy, accurate and easy ordering, please use our Made to Measure Ordering app (for Circular or Flat Knit garments). For more information contact your local representative or our customer service team on **01264 326 666** or customerservices@sigvaris.com

SIGVARIS OPTIFORM Flat Knit Codes

1 Imperial Court, Magellan Close
Andover, Hampshire SP10 5NT
Tel +44 (0) 1264 326 666
Fax +44 (0) 1264 369 950
madetomeasure@sigvaris.com

SIGVARIS

OPTIFORM FLEX - Soft Fabric

PRODUCT CODE	PRODUCT DESCRIPTION
OFC1	Optiform Flex Calf CI 1
OFC2	Optiform Flex Calf CI 2
OFT1	Optiform Flex Thigh CI 1
OFT2	Optiform Flex Thigh CI 2
OFW1	Optiform Flex Thigh w/Att. CI 1
OFW2	Optiform Flex Thigh w/Att. CI 2
OFB1	Optiform Flex Body Bandage CI 1
OFB2	Optiform Flex Body Bandage CI 2
OFS1	Optiform Flex Shorts CI 1
OFS2	Optiform Flex Shorts CI 2
OFCL1	Optiform Flex Capri Length CI 1
OFCL2	Optiform Flex Capri Length CI 2
OFL1	Optiform Flex Leggings CI 1
OFL2	Optiform Flex Leggings CI 2

OPTIFORM HOLD - Firm Fabric

PRODUCT CODE	PRODUCT DESCRIPTION
OHC1	Optiform Hold Calf CI 1
OHC2	Optiform Hold Calf CI 2
OHC3	Optiform Hold Calf CI 3
OHT1	Optiform Hold Thigh CI 1
OHT2	Optiform Hold Thigh CI 2
OHT3	Optiform Hold Thigh CI 3
OHW1	Optiform Hold Thigh w/Att. CI 1
OHW2	Optiform Hold Thigh w/Att. CI 2
OHW3	Optiform Hold Thigh w/Att. CI 3
OHB1	Optiform Hold Body Bandage CI 1
OHB2	Optiform Hold Body Bandage CI 2
OHB3	Optiform Hold Body Bandage CI 3
OHS1	Optiform Hold Shorts CI 1
OHS2	Optiform Hold Shorts CI 2
OHS3	Optiform Hold Shorts CI 3
OHCL1	Optiform Hold Capri Length CI 1
OHCL2	Optiform Hold Capri Length CI 2
OHCL3	Optiform Hold Capri Length CI 3
OHL1	Optiform Hold Leggings CI 1
OHL2	Optiform Hold Leggings CI 2
OHL3	Optiform Hold Leggings CI 3

ACCESSORIES

OA1S	Silicone band/strips
OA1K	Knee functional zone

OA2AW	Adjustable waistband
OA2AP	Ankle Pad - 1 piece
OA2SP	Liner pocket
OA2FO	Fly Opening
OA2RG	Re-inforced gusset

OA3Z	Zip with lining
------	-----------------

INCLUDED IN BASIC (no extra charge)

OT - Straight
CT - Straight
OT - Slant
CT - Slant
Slipform
Open Crotch
T-Heel