# Sigvaris Custom Flat Knit Order form
## LOWER BODY **OPTIFORM HOLD & FLEX**

SIGVARIS GROUP

☐ Order ☐ Multi-component garment ☐ Cost-estimate

Stamp / Signature:

**SIGVARIS AG**
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custom-made@sigvaris.com
www.sigvaris.com

Customer name _____

Customer number _____ Fitter _____

Patient name _____ _____

☐ female ☐ male

Order no. _____ Order date _____

Save Print Reset

**Compression** / **OPTIFORM** / **Quantity** (in units) / **Colors**

| | Hold | Flex | Right | Left | Bodypart |
|---|---|---|---|---|---|
| CCL 1 | ☐ | ☐ | | | |
| CCL 2 | ☐ | ☐ | | | |
| CCL 3 | ☐ | ■ | | | |
| CCL 4 | ☐ | ■ | | | |
| without compression | ☐ | ☐ | ■ | ■ | |

**Colors**

☐ Beige ☐ Black
☐ Black Raspberry ☐ Deep Blue ☐ Mystic Green ☐ Stormy Gray ☐ Mahogany Brown

**Model**

☐ AB$_1$ Sock ☐ AD Calf ☐ AG Thigh ☐ Sleeve _____
☐ AT Pantyhose ☐ AT Single-leg panty ☐ Bermuda _____ ☐ Capri _____ ☐ BT Leggings

**Top Leg** (AD – AG)

☐ Optiline ☐ 5 cm Knobbed grip top ☐ 3,5 cm Knobbed grip top ☐ Elastic band (AD) ☐ Waist attachment (AG)
☐ Straight ☐ Shallow slant ☐ Steep slant ☐ Front leg elevation (AG)
Porous end ☐ top ☐ bottom
(3 – 8 cm) _____ cm

**Top Waist**

☐ Softline ☐ Waistband ☐ with velcro ☐ Elastic band ☐ with velcro ☐ Adjustable band ☐ Knobbed grip top 5cm

**Gusset**

☐ Standard ☐ Reinforced ☐ Open ☐ Mesh ☐ Fly opening

**Heel options**

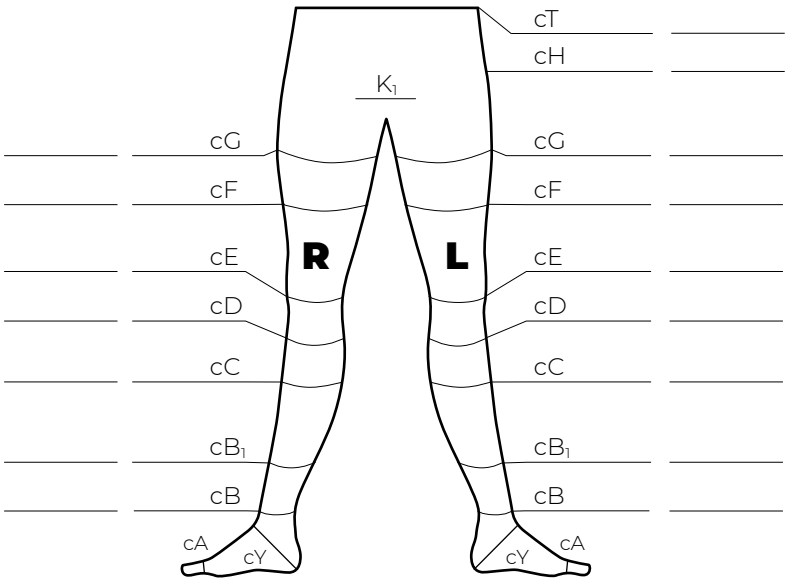
☐ Standard ☐ T-heel ☐ Anatomical*

**Functional zones**

☐ Knee right ☐ Knee left ☐ Hallux valgus right ☐ Hallux valgus left ☐ Tailor's bunion right ☐ Tailor's bunion left

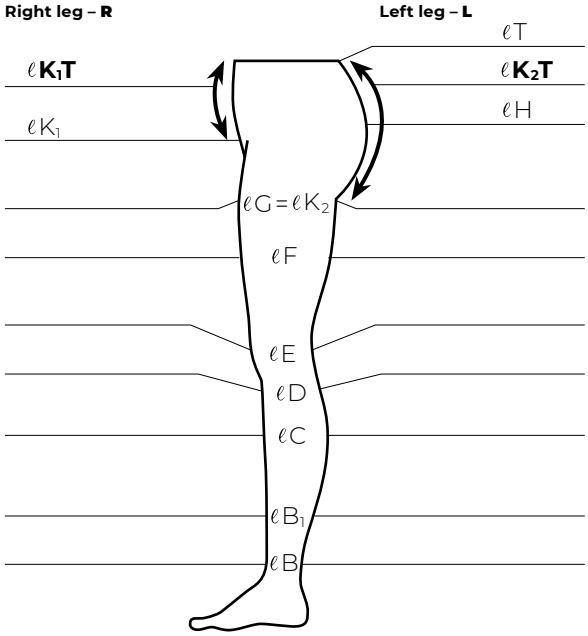
**Measurement Leg: Circumference** (= c)

**Right leg – R** / **Left leg – L**




**Measurement Leg: Length** (= ℓ)

**Right leg – R** / **Left leg – L**




**Foot Circumference**

**R** cA _____ cm cY _____ cm **L** cA _____ cm cY _____ cm

**Foot Length**

**R** ℓZ _____ cm (total) ℓA _____ cm (outside) ℓAi _____ cm (inside)
**L** ℓZ _____ cm (total) ℓA _____ cm (outside) ℓAi _____ cm (inside)

**Additions / Options**

☐ Silicone strip ☐ Lining ☐ Ankle pad ☐ Pocket ☐ Pocket with lymphpad ☐ Zipper
☐ Wave ☐ Honeycomb small ☐ Honeycomb large
Label inside (Standard) ☐ Label outside

Please indicate/mark exact position and dimensions on the sheet «Additions to Sigvaris Flat knit garments»

**Toe tip**

☐ Closed ☐ Open
☐ Straight ☐ Slant ☐ Lower foot extension
☐ Standard ☐ Soft

**Remarks**

**Reinforced seam**

☐ No design
☐ Design: color black
☐ Design: color beige
☐ Personalized (note text under «Remarks» , capital letters only, max. 40 characters)

* Please indicate / draw the exact position and measurements on the sheet «Additions to Sigvaris flat knit compression garments».

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