

mediven® Flat-knit Toecaps



Customer name _____

Ship to: _____

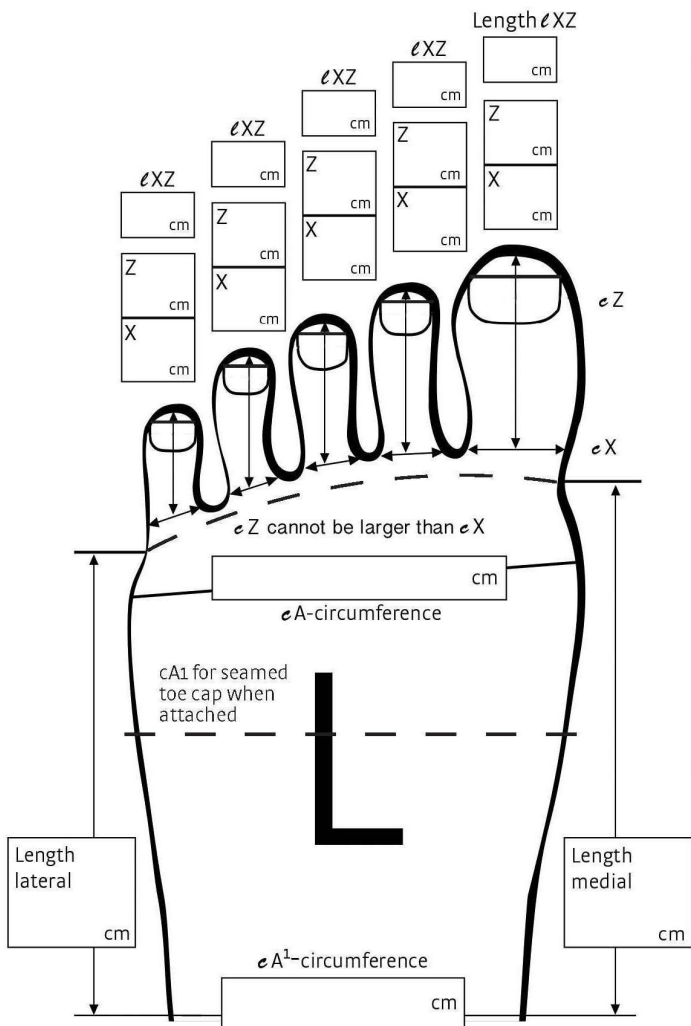
Account # _____ P.O. # _____

WWW.Bandagesplus.com

Patient Name _____

2284 NW 82nd Ave., Miami, FL 33122

(305) 477-0062—Phone (305) 592-0061—FAX



Foot	
_____ Left Quantity	_____ Right Quantity
Material	
<input type="checkbox"/> 550	<input type="checkbox"/> mondi
Style (Choose One)	
<input type="checkbox"/> Seamless toe cap (as attachment) must be same compression as stocking	
<input type="checkbox"/> Seamed toe cap (at attachment) can be a different compression than stocking. Distance from A-A1 is reduced.	
<input type="checkbox"/> Individual toe cap	
Colors	
<input type="checkbox"/> Caramel	<input type="checkbox"/> Navy*
<input type="checkbox"/> Sand	<input type="checkbox"/> Cashmere
<input type="checkbox"/> Black	<input type="checkbox"/> Cherry-Red*
	<input type="checkbox"/> Magenta*
	<input type="checkbox"/> Anthracite*
	<input type="checkbox"/> Moss-Green*
	<input type="checkbox"/> Aqua*
<small>*Trend colors take an extra 5 days for delivery.</small>	
Compression	
<input type="checkbox"/> CCL I (18-21 mmHg)	<input type="checkbox"/> Hallux ease (550 only; seamless toe cap only)
<input type="checkbox"/> CCL II (23-32 mmHg)	
<input type="checkbox"/> CCL III (34-46 mmHg) (550 only)	
Toe Option	
<input type="checkbox"/> Open Toe	
<input type="checkbox"/> Closed Toe	
<input type="checkbox"/> Without Small	
<small>(Choose open, closed or without if needed)</small>	
New Design Elements: * 550 only	
Lymphpad	
Width (cm) _____	Length (cm) _____
<small>(Fill in if requesting)</small>	
Location _____	

