SIGVARIS GROUP

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

☐ Order ☐ Multi-component garment ☐ Cost-estimate

Stamp / Signature / Ship to address:

SIGVARIS, INC.
1119 Highway 74 South
Peachtree City, GA 30269

Customer name _____

Customer number _____ Fitter _____

Patient name _____ _____

☐ female ☐ male

Order no. _____ Order date _____

Save Print Reset

Compression	**OPTIFORM** Hold	Flex	**Quantity** (in units) 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
☐ Elasticated 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
☐ Elastic waistband
☐ with velcro
☐ Elasticated band
☐ with velcro
☐ Adjustable band
☐ Knobbed grip top 5cm

Gusset

☐ Standard
☐ Reinforced
☐ Open
☐ Mesh
☐ Fly opening

Heel options

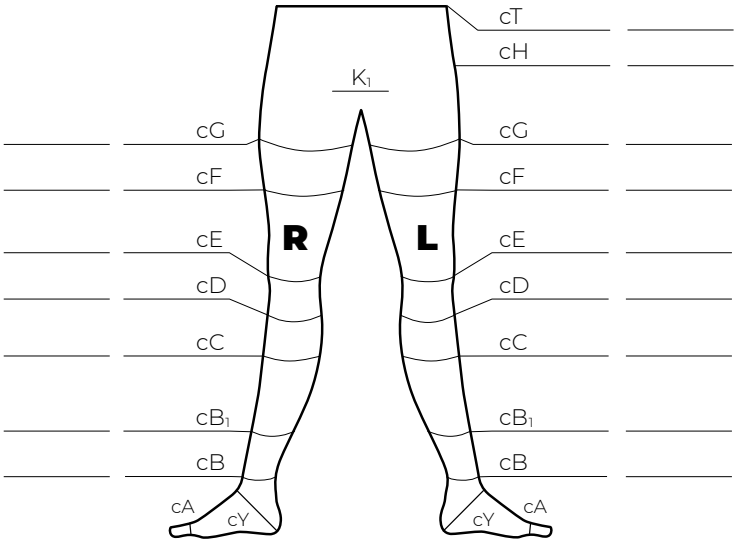
☐ Standard
☐ T-heel
☐ Anatomical*

Functional zones

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

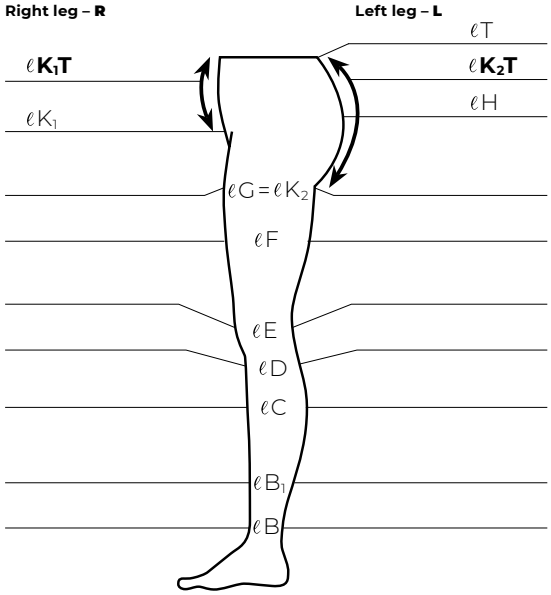
Measurement Leg: Circumference (= c)

Right leg – R Skin / Tensile — **Left leg – L** Tensile / Skin



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 ☐ Wave ☐ Honeycomb small ☐ Honeycomb large ☐ Zipper

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».

POD / 07.2024 / V1 / 358560_USA_en

SIGVARIS GROUP

Sigvaris Custom Flat Knit Additional / modification form
LOWER BODY **OPTIFORM HOLD & FLEX**

☐ Order ☐ Multi-component garment ☐ Cost-estimate

Stamp / Signature / Ship to address:

SIGVARIS, INC.
1119 Highway 74 South
Peachtree City, GA 30269

Customer name _____

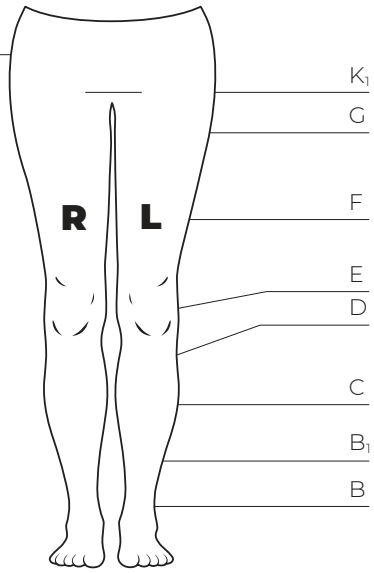
Customer number _____ Fitter _____

Patient name _____ _____

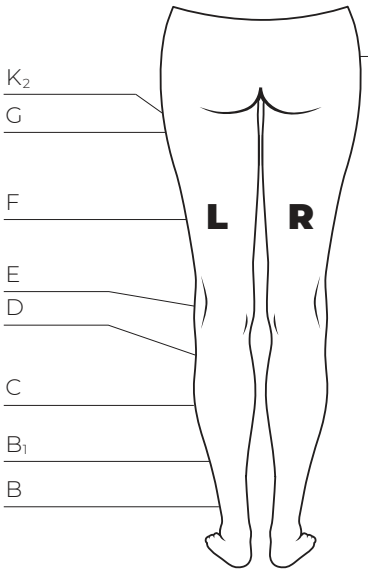
☐ female ☐ male

Order no. _____ Order date _____

Front view

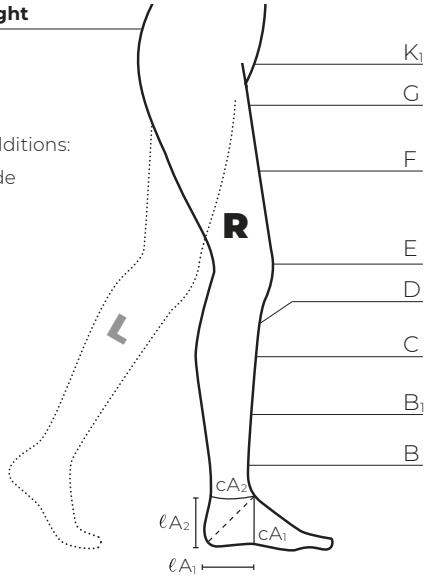


Back view



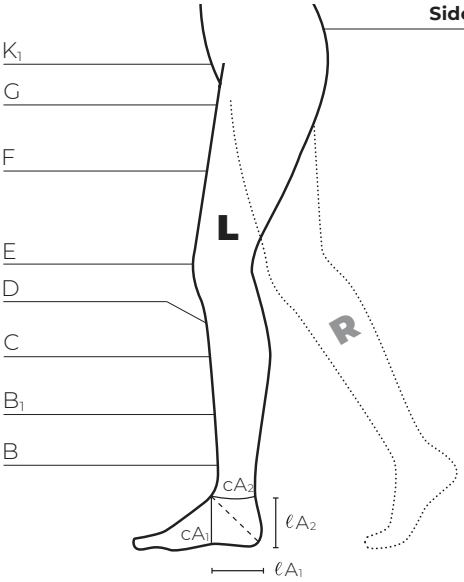
Side view, right

Position of additions:
—— = Outside
····· = Inside



cA1 _____ cm ℓA1 _____ cm
cA2 _____ cm ℓA2 _____ cm

Side view, left



cA1 _____ cm ℓA1 _____ cm
cA2 _____ cm ℓA2 _____ cm

Silicone strip(s) ☐ 3,5 cm ☐ 5 cm

R Right	**L** Left		
☐	☐	_____ cm	Silicone strip along slant
☐	☐	_____ cm	Silicone strip above knee
☐	☐	_____ cm	Silicone strip in back on seam
☐	☐	_____ cm	Silicone strip according to drawing

Zipper

☐ Leg – number: _____
☐ centered ☐ laterally inside
centered ☐ laterally outside

☐ Body bandage – number: _____
☐ centered ☐ laterally right
centered ☐ laterally left

☐ Hook-eye band

Sewn-in ankle pad

R Right	**L** Left
Inside:	Inside:
P1: _____ cm	P1: _____ cm
P2: _____ cm	P2: _____ cm
Outside:	Outside:
P1: _____ cm	P1: _____ cm
P2: _____ cm	P2: _____ cm

Pocket / Lining

☐ Pocket for pad – number: _____
☐ **R** Right ☐ **L** Left
Width _____ cm
Length _____ cm

☐ Lining – number: _____
☐ **R** Right ☐ **L** Left
Width _____ cm
Length _____ cm

POD / 12.2024 / V1 / 358561_USA_en

SIGVARIS GROUP

Sigvaris Custom Flat Knit Order form
LOWER BODY **OPTIFORM® TOE CAPS**

☐ Order ☐ Multi-component garment ☐ Cost-estimate

Stamp / Signature / Ship to address:

Customer name _____

Customer number _____ Fitter _____

Patient name _____

Order no. _____ Order date _____

SIGVARIS, INC.
1119 Highway 74 South
Peachtree City, GA 30269

Save Print Reset

Compression	**OPTIFORM** Toe Caps	**Quantity** (in pieces) Right	Left	**Colors**		**Toe cap AA1**
CCL 1	☐	____	____	☐ Beige	☐ Black Raspberry	Open toes
CCL 2	☐	____	____	☐ Black	☐ Deep Blue	☐ with little toe
					☐ Mystic Green	☐ without little toe, (circumference and length also needed for little toe)
					☐ Stormy Gray	
					☐ Mahogany Brown	

Ending

☐ Standard
☐ Porous

Additions/Options

☐ Liner**
Width ____ cm
Length ____ cm

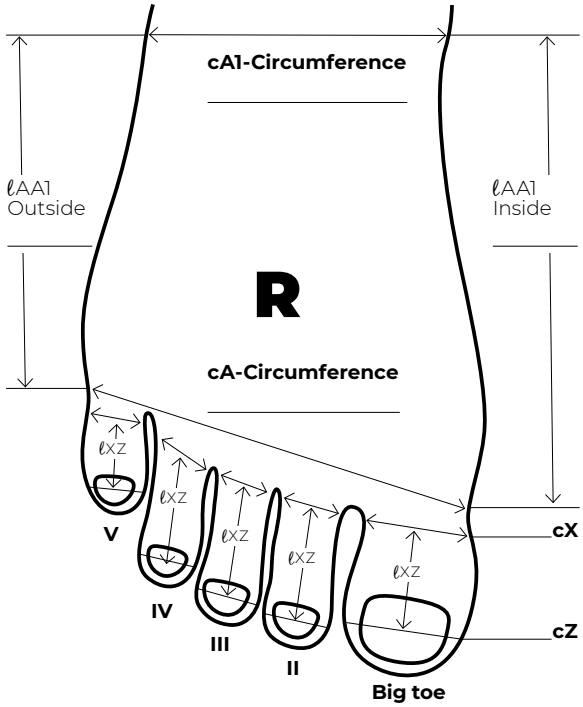
☐ Pocket**
Width ____ cm
Length ____ cm

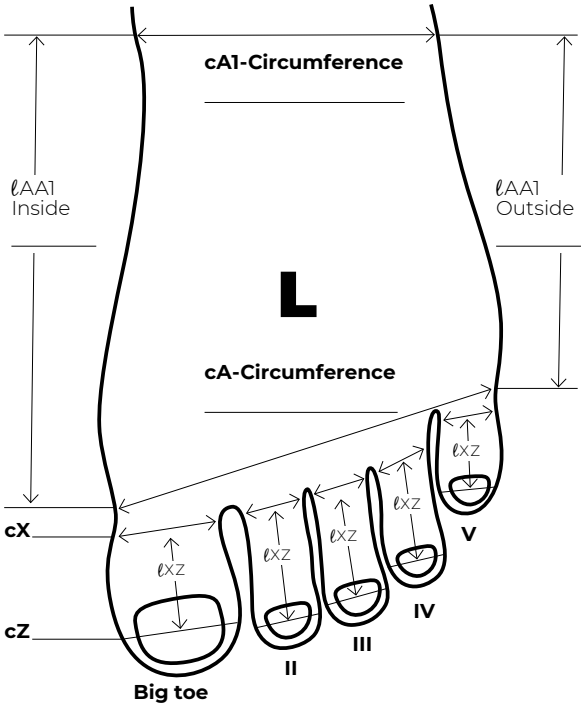
Label inside (Standard)
☐ Outside

Attention: Toe length measurement from the base of the webbed skin (X) to the desired end (Z), usually nail base or middle of the nail

Right	Circumference X	Circumference Z	Length ℓX-Z
Big toe			
Toe II			
Toe III			
Toe IV			
Toe V			

Left	Circumference X	Circumference Z	Length ℓX-Z
Big toe			
Toe II			
Toe III			
Toe IV			
Toe V			





Remarks

**Please indicate/draw exact position and dimensions on order sheet.
Liner and pocket max. 3/4 of circumference.

SC / X'000 / 05.2024 / V1 / 358559_USA_en

SIGVARIS GROUP

Sigvaris flat knit compression garments
UPPER BODY **OPTIFORM® FEEL**

☐ Order ☐ Multi-component garment ☐ Cost-estimate

Customer name _____

Customer number _____ Fitter _____

Patient name _____

Order no. _____ Order date _____

Stamp / Signature / Ship to address:

SIGVARIS, INC.
1119 Highway 74 South
Peachtree City, GA 30269

Save Print Reset

Compression	OPTIFORM	Colors		Model	Hand piece (AC1, AE, AG)
	FEEL	☐ Light beige	☐ Black Raspberry	☐ Fingerling (only CCL 1)	☐ Mitten, without fingers, with thumb
CCL 1	☐	☐ Beige	☐ Deep Blue	☐ AC1 Glove / Mitten	☐ Length 1,5 cm (Standard)
CCL 2	☐	☐ Black	☐ Mystic Green	☐ AE Glove to elbow	☐ Individual length _____ cm
CCL 3	☐		☐ Stormy Gray	☐ AG Sleeve with glove/mitten*	☐ With fingers and thumb
			☐ Mahogany Brown	☐ CE Sleeve to elbow	☐ Closed fingers
				☐ CG Armsleeve	☐ Open fingers

Arm CE, CG

Distal ending
- ☐ Straight
- ☐ Porous (incl. Optiline)
  - ☐ 3 cm (Standard)
  - ☐ 6 cm

Arm AE, AG, CE, CG

Proximal ending
- ☐ Optiline
- Knobbed grip top
  - ☐ 3,5 cm
  - ☐ 5 cm
  - ☐ 3/4 inside (3,5 cm only with measuring point G)
- ☐ Shallow slant
- ☐ Steep slant (only with measuring point G)
- ☐ Straight
- ☐ Porous (incl. Optiline)
  - ☐ 3 cm (Standard)
  - ☐ 6 cm

Elbow
- ☐ Angle 160° (Standard)
- ☐ Angle 150°
- ☐ Angle 135°
- ☐ Elbow functional zone

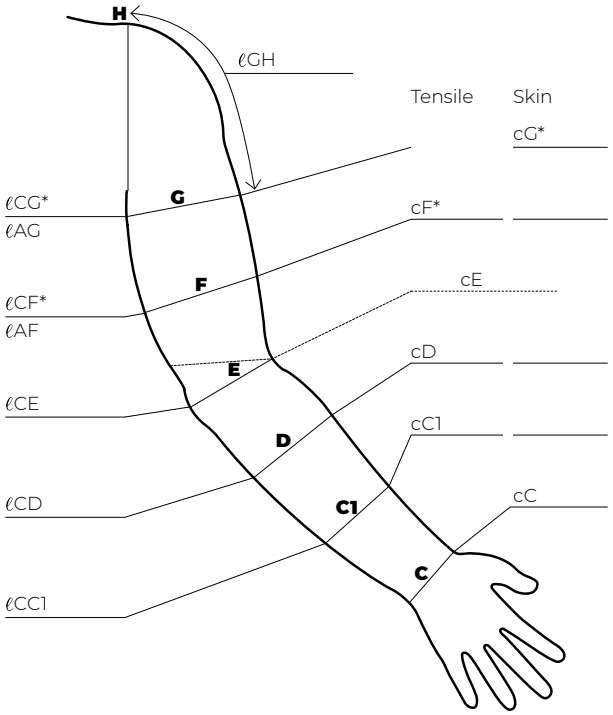
Ending AC1 Glove
- ☐ Slant
- ☐ Straight
- ☐ Porous (incl. Optiline)
  - ☐ 3 cm (Standard)
  - ☐ 6 cm

Arm ☐ left ☐ right Quantity _____

Circumference measuring (c = circumference) and length measuring (ℓ = length) in cm

Important: Arm length measuring starts at C

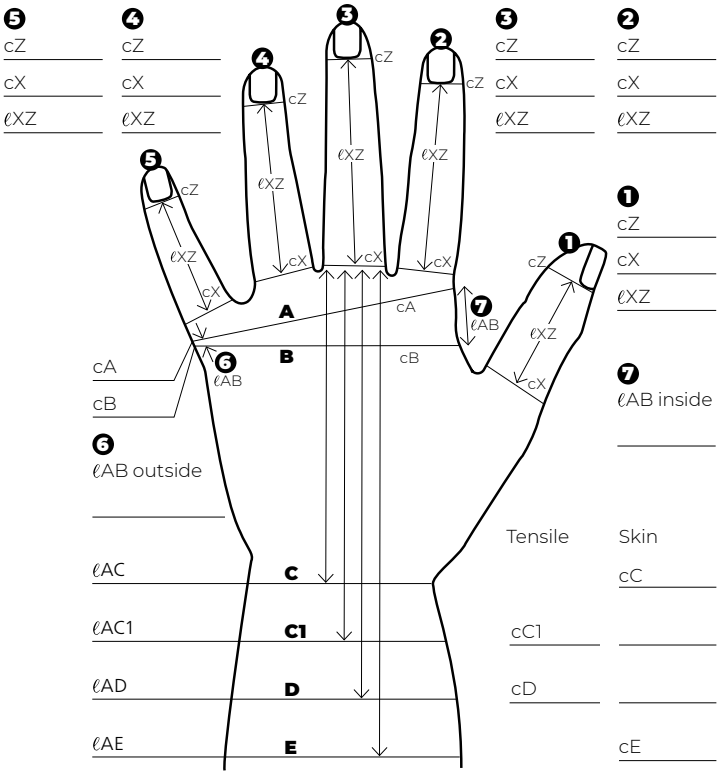
*For AG Sleeve with glove/mitten, please indicate the length ℓAF, ℓAG and the circumference cF, cG on the arm section below



Hand ☐ left ☐ right Quantity _____

Circumference measuring (c = circumference) and length measuring (ℓ = length) in cm

Important: Length for models with glove start at base of middle finger



Additions / Options

- ☐ Shoulderstrap _____ cm
- ☐ Bra attachment

Bolero
- ☐ single piece ☐ two-piece
- _____ cm (ℓ HH)
- _____ cm Back width

- ☐ Attachment Fingerling*
- ☐ Zipper**
  - ☐ Hook-eye band

Label inside (Standard)
- ☐ Outside
- ☐ Seam inside (CE and CG)

- ☐ Liner** Width _____ cm Length _____ cm
- ☐ Silicone strip**
  - ☐ 3,5 cm
  - ☐ 5 cm
  - Length _____ cm

- ☐ Pocket** Width _____ cm Length _____ cm

with lymphpad
- ☐ Wave
- ☐ Honeycomb small
- ☐ Honeycomb large

Comments

*Please specify cC and ℓAC **Please indicate / draw exact position and dimensions on order sheet. Liner, pocket and silicone strips max. 3/4 of circumference.

Delivery time: up to 10 working days