

# Fax: 0504 60098

TippToes  
Gooldscross  
Cashel  
Co. Tipperary, Ireland



DATE ORDER REQUIRED

Patient Name  Order No.

Date Measured  Repeat Garment No.

Measured by  Telephone

Clinic / Hospital

## LOWER LIMB COMPRESSION GARMENTS



MEASUREMENTS IN CMS PLEASE USE BLACK INK

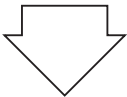
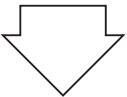
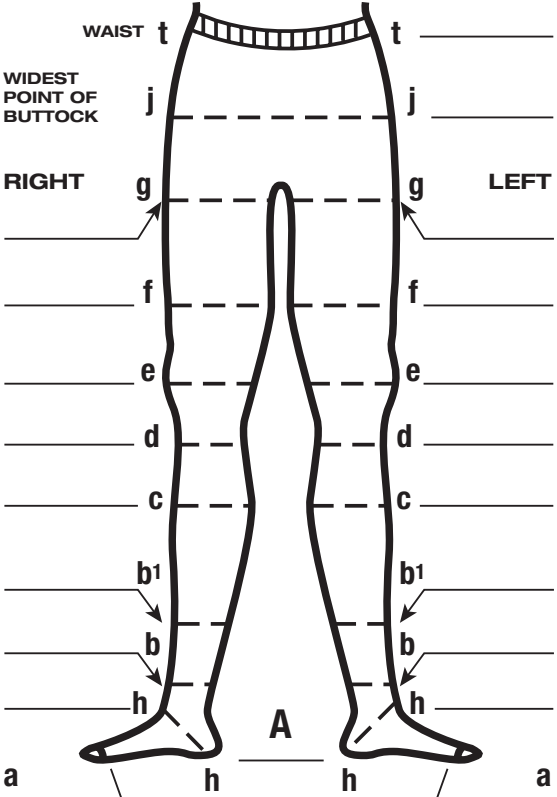
SELECT FABRIC & CCL	QUANTITY REQUIRED			COLOUR (SEE SWATCH)
	RIGHT	LEFT	TIGHTS	
<b>CIRCULAR KNIT</b>				<b>COMMENTS/SPECIAL REQUESTS</b>
Veni 1 CCL 1 <input type="checkbox"/>				
Veni 2 CCL 2 <input type="checkbox"/>				
Veni 3 CCL 3 <input type="checkbox"/>				
Star Cotton 1 CCL 1 <input type="checkbox"/>				
Star Cotton 2 CCL 2 <input type="checkbox"/>				
Doktus 2 CCL 2 <input type="checkbox"/>				
Doktus 3 CCL 3 <input type="checkbox"/>				
VEN 3 CCL 3 <input type="checkbox"/>				
VEN 4 CCL 4 <input type="checkbox"/>				
<b>FLAT KNIT</b>				
Pertex Light CCL 1 <input type="checkbox"/>				
Pertex 2 CCL 2 <input type="checkbox"/>				
Pertex 3 CCL 3 <input type="checkbox"/>				
Goldpunkt 2 CCL 2 <input type="checkbox"/>				
Goldpunkt 3 CCL 3 <input type="checkbox"/>				
Goldpunkt 4 CCL 4 <input type="checkbox"/>				

TOE CHOICE	
CLOSED TOE <input type="checkbox"/>	OPEN TOE <input type="checkbox"/>

SPECIAL STYLES OPTIONS	
<b>THIGH WITH WAIST BAND ATTACHMENT</b>  Fastening: Velcro <input type="checkbox"/> Adjustable Button <input type="checkbox"/> Circumference at waist _____ Length G to waist: (take measurement at side) right _____ left _____	<b>TIGHTS ONE LEG</b> 

CIRCUMFERENCE MEASUREMENTS	LENGTH MEASUREMENTS	SPECIAL OPTIONS
<b>RIGHT SIDE</b>  <b>LEFT SIDE</b>  	<b>PANTY SHAPING</b> FRONT _____ cms BACK _____ cms Pubic bone to t _____ Gluteal fold to t _____ <b>g-t</b> _____ (take measurement at side) <b>j-t</b> _____ (take measurement at side) <b>RIGHT</b> _____ <b>A-g</b> _____ _____ <b>A-f</b> _____ _____ <b>A-e</b> _____ _____ <b>A-d</b> _____ _____ <b>A-c</b> _____ _____ <b>A-b1</b> _____ _____ <b>A-b</b> _____ <b>RIGHT</b> Foot length _____ cm (heel to ball at a) Total foot length _____ cm (for closed foot type)	<b>PANTY OPTIONS</b> Full compression <input type="checkbox"/> Other compression <input type="checkbox"/> (please specify in box above) Fly Opening <input type="checkbox"/> Open Crotch (no Gusset) <input type="checkbox"/> Maternity : Loose Fit <input type="checkbox"/> Open Front <input type="checkbox"/> <b>LEG OPTIONS</b> Full compression <input type="checkbox"/> Higher compression <input type="checkbox"/> above _____ Reduced compression <input type="checkbox"/> above _____ <b>GRIP TOP OPTIONS</b> 3cm plain Grip Top <input type="checkbox"/> 5cm strong plain Grip Top <input type="checkbox"/> 5cm fine lace Grip Top <input type="checkbox"/> 5cm strong lace Grip Top <input type="checkbox"/> <b>FLAT KNIT OPEN TOE OPTION</b> Slant-cut Foot <input type="checkbox"/> Slant-cut inside foot _____ cm Slant-cut outside foot _____ cm

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