VARISAN® Circular Knit Made to Measure Compression Hosiery

Order to MEDIS via fax: 021 982 8311 or email: orders@medismedical.com

Date:..... Patient's Name:.....

Customer:..... Signature:.....

Stamp

Measure the limb in orthostatic position, after a night's rest, to define the correct degree of extensibility of which must be provided with the brace.

- ☐ CcI 1 (18-21 mmHg)
- ☐ CcI 2 (23-32 mmHg)
- ☐ CcI 3 (34-46 mmHg)
- ☐ COTTON
- ☐ OPEN TOE
- ☐ CLOSED TOE
- ☐ PIECE
- ☐ PAIR

T waistline
H circumference at the sides
G 5 cm below inguinal fold
F 14 cm above the knee
E above the knee

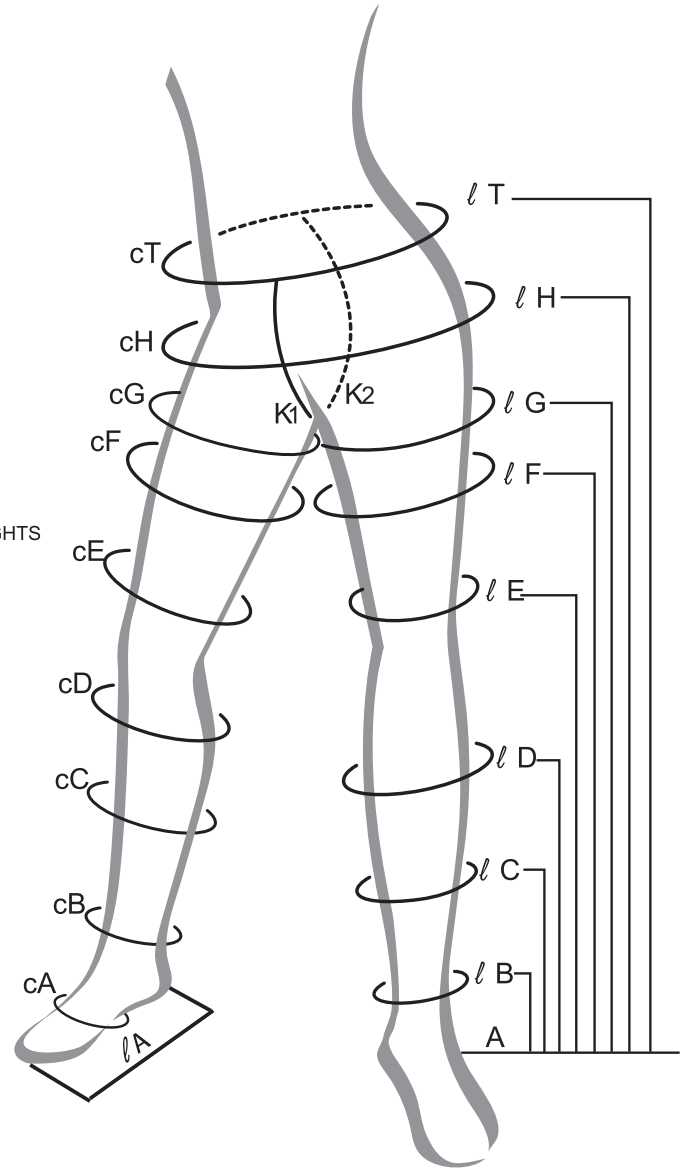
D circumference below knee
C widest point of the calf
B narrowest point above the ankle bone
A basic foot

K1T perineum to frontal waist
K2T perineum to rear waist

Length

ℓ AT	
ℓ AH	
ℓ K1T	
ℓ K2T	

- ☐ KNEE-HIGH
- ☐ KNEE-HIGH WITH ZIP
- ☐ THIGH-HIGH STOCKING
- ☐ STAY-UP STOCKING
- ☐ SINGLE-LEG TIGHTS ☐ DX ☐ SX
- ☐ TIGHTS ☐ MAN ☐ WOMAN
- ☐ PREGNANCY TIGHTS



	left leg	*right leg*
ℓ AG		
ℓ AF		
ℓ AE		
ℓ AD		
ℓ AC		
ℓ AB		

ℓ A length of the foot in cm ☐

circumference

cT ☐ cH ☐

	left leg	right leg
cG		
cF		
cE		
cD		
cC		
cB		
cA		

SPECIAL REQUEST

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