

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 _____

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Peachtree City, GA 30269
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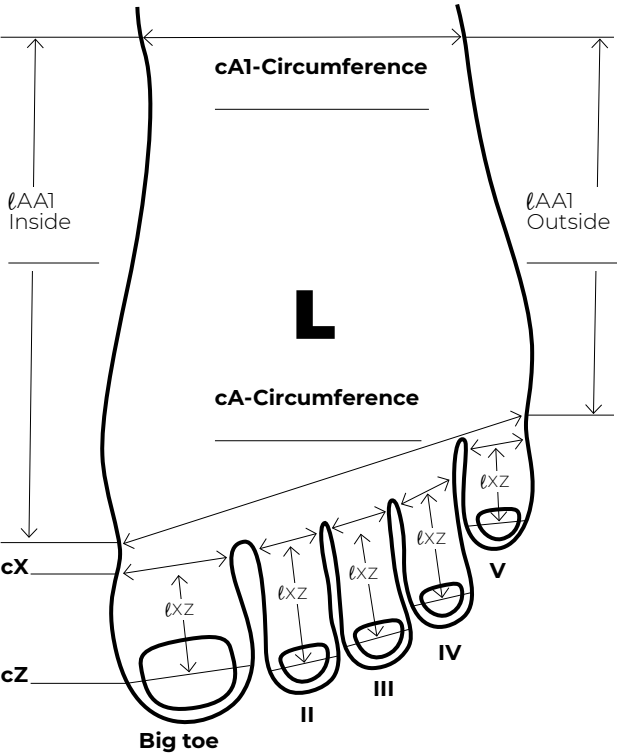
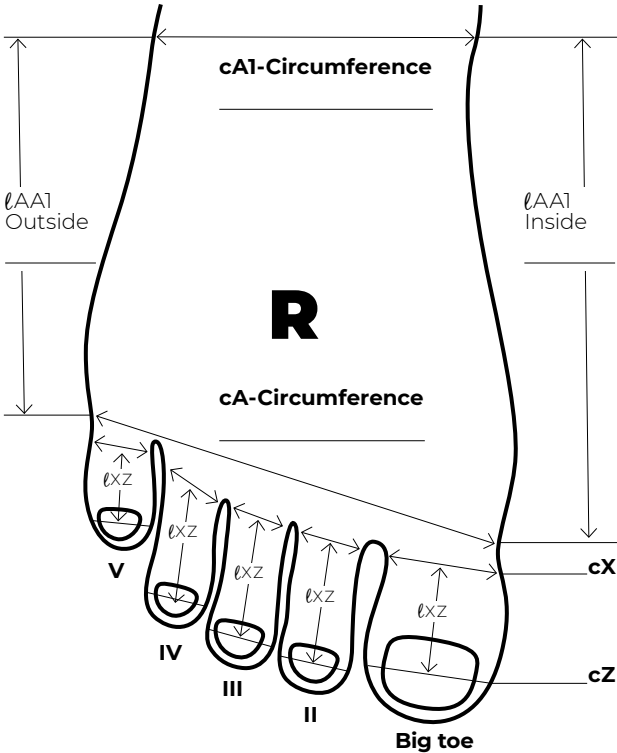
Compression	OPTIFORM	Quantity (in pieces)		Colors	Toe cap AA1
CCL 1	Toe Caps ☐	Right	Left	☐ Beige ☐ Black Raspberry ☐ Black ☐ Deep Blue	Open toes ☐ with little toe
CCL 2	☐	_____	_____	☐ Mystic Green ☐ Stormy Gray ☐ Mahogany Brown	☐ without little toe, (circumference and length also needed for little toe)

Ending	Additions/Options		
☐ Standard	☐ Liner**	☐ Pocket**	Label inside (Standard)
☐ Porous	Width _____ cm Length _____ cm	Width _____ cm Length _____ cm	☐ 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.