

SIGVARIS
GROUP

Stamp / Signature:

Delivery date (in house) _____ Order date _____

www.sigvaris.com

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Compression	OPTIFORM		Quantity (in units)			Colors	Model	
CCL 1 (18 – 21 mmHg) (2,4 – 2,8 kPa)	Hold ☐	Flex ☐	Right	Left	Bodypart	☐ beige ☐ black	☐ AB ₁ Sock	☐ AT Pantyhose
CCL 2 (23 – 32 mmHg) (3,1 – 4,3 kPa)	☐	☐	_____	_____	_____		☐ AD Calf	☐ AT Single-leg panty
CCL 3 (34 – 46 mmHg) (4,5 – 6,1 kPa)	☐	☒	_____	_____	_____		☐ AG Thigh	☐ Bermuda _____
CCL 4 (>49 mmHg) (>6,5 kPa)	☐	☒	_____	_____	_____		☐ Sleeve _____	☐ Capri _____
without compression	☐	☐	☒	☒	_____			☐ BT Leggings

☐ Optiline
 ☐ Straight
☐ 5 cm Knobbed grip top
 ☐ Shallow slant
☐ 3,5 cm Knobbed grip top
 ☐ Steep slant
☐ Waist attachment (AG)
 ☐ Front leg elevation (AG)
 Porous end
☐ top ☐ bottom
 (3 – 8 cm) _____ cm

- ☐ Softline
- ☐ Elastic waistband
- ☐ Elasticated band
- ☐ Adjustable band
- ☐ Knobbed grip top 5cm

☐ Standard

☐ Reinforced

☐ Open

☐ Fly opening

☐ Standard
☐ T-heel
☐ Anatomical*

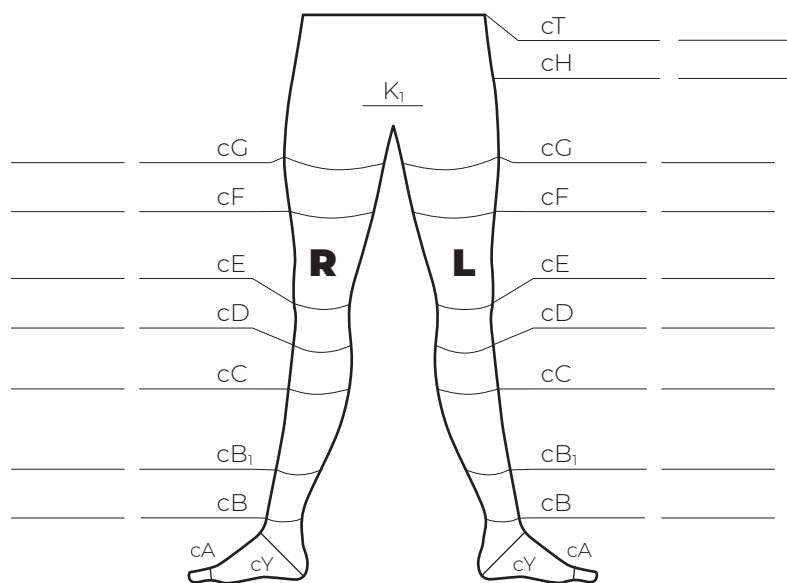
☐ Knee right

☐ Knee left

☐ Hallux valgus right

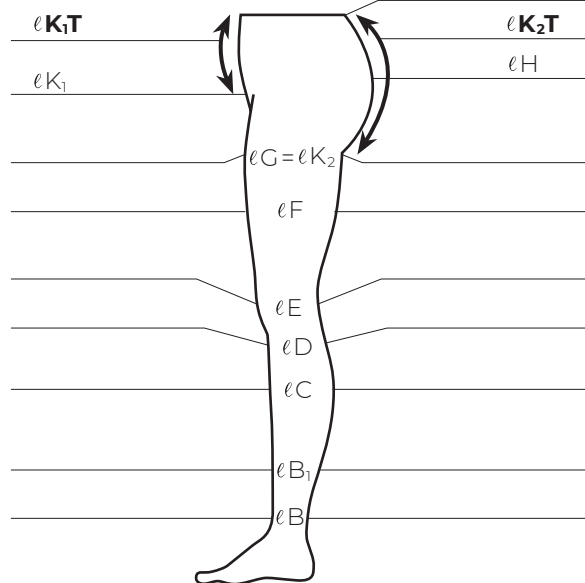
☐ Hallux valgus left

Skin	Tensile
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R cA _____ cm cY _____ cm **L** cA _____ cm cY _____ cm

☐ Silicone strip ☐ Ankle pad ☐ Zipper ☐ Pocket ☐ Lining



R ℓZ _____ cm (total)
 ℓA _____ cm (outside)
 ℓA_i _____ cm (inside)

L ℓZ _____ cm (total)
 ℓA _____ cm (outside)
 ℓA_i _____ cm (inside)

☐ Closed
 ☐ Open

☐ Straight
 ☐ Slant
 ☐ Lower foot extension

☐ Standard
 ☐ Soft

☐ No design

☐ Design: color black

☐ Design: color beige

☐ Personalized (note text under «Remarks», capital letters only, max. 40 characters)

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