

Patient Name / BSN File # _____ DOB _____ Date _____

Address _____ Gender M F

City/State/Zip _____

Diagnosis _____

Doctor/Address _____

City/State/Zip _____

PO#	
Original Order <input type="checkbox"/>	Reorder w Changes <input type="checkbox"/>
Exact Reorder <input type="checkbox"/>	Schema # _____

Fitter Name _____ Fitter # _____ Fitter Phone _____

Fitter Facility _____ Email _____

Ship To Acct # _____ Acct Name _____

Address _____ City _____ State _____ Zip _____

Email _____ Phone _____ Fax _____

Bill To Acct # _____ Acct Name _____

Address _____ City _____ State _____ Zip _____

Email _____ Phone _____ Fax _____

Confirmation Fax # _____ CC # _____ Exp. _____

Email _____ Name on CC _____ Billing Zip _____

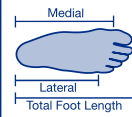
Quality	Color	Quantity/Class	CCL1	CCL2	CCL3	CCL3F	CCL4	CCL4S
			18-21 mmHg*	23-32 mmHg*	34-46 mmHg*	34-46 mmHg*	49-70 mmHg*	60-90 mmHg*
<input type="checkbox"/> Elvarex**	<input type="checkbox"/> Beige <input type="checkbox"/> Black	Left						
<input type="checkbox"/> Elvarex Soft (CCL1-3)	<input type="checkbox"/> Cocoa† <input type="checkbox"/> Navy†	Right						
	<input type="checkbox"/> Grey†	Body Bandage						

Styles

AD Knee AG-T Chap: pc. pr.

AF Mid-thigh† AG-HT 1½ Leg panty†

AG Thigh AT Pantyhose



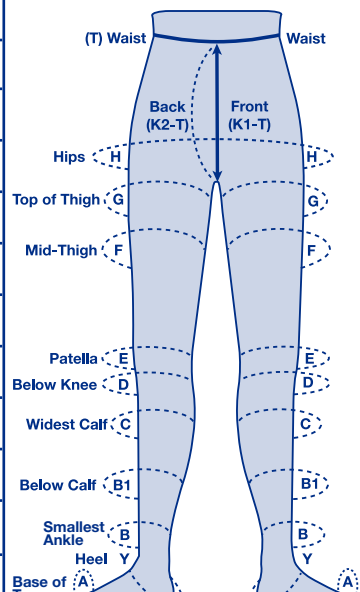
Straight Open Toe Length Lateral _____ cm

Slant Open Toe Length Medial _____ cm

Slant Closed Toe Length Medial _____ cm

Straight Closed Toe Length Lateral _____ cm

Total Foot _____ cm

Circum. (c)		Length (l)		Variations	Special Options
cT	K2-T	lT			
cH	K1-T	lH			
Circumference (c)		Length (l): Taken from each landmark to floor			<p><input type="checkbox"/> T-Heel† (CCL 2-3F) <input type="checkbox"/> Adj. waistband</p> <p><input type="checkbox"/> Profile† <input type="checkbox"/> Fly for men</p> <p><input type="checkbox"/> Top Comfort† <input type="checkbox"/> Open pubis</p> <p><input type="checkbox"/> Knee Comfort† (not avail. in CCL1)</p>
Left	Right	Left	Right		
cG		lG			
cF		lF			
cE		lE			
cD		lD			
cC		lC			
cB1		lB1			
cB		lB			
cY		lA (medial)			
cA		lA (lateral)			

Silicone Band	On Top	Inside	Inside %	Pcs.
2.5cm				
5cm				

Vertical Silicone Strips A-G

Front Back Both

Zipper†	Inside	Outside
B-D only		
E-G only		

Pocket

In-step (not available with Profile)

Back of knee (not avail. with Knee Comfort)

All four sides closed

* Design Pressure
† Only available in Elvarex
** CAUTION: This product contains natural rubber latex which may cause allergic reactions.

All measurements should be in centimeters.