

Armsleeve Order Form

Elvarex[®], Elvarex[®] Soft

Patient Name / BSN File # _____ DOB _____
 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 _____ Fitter email _____

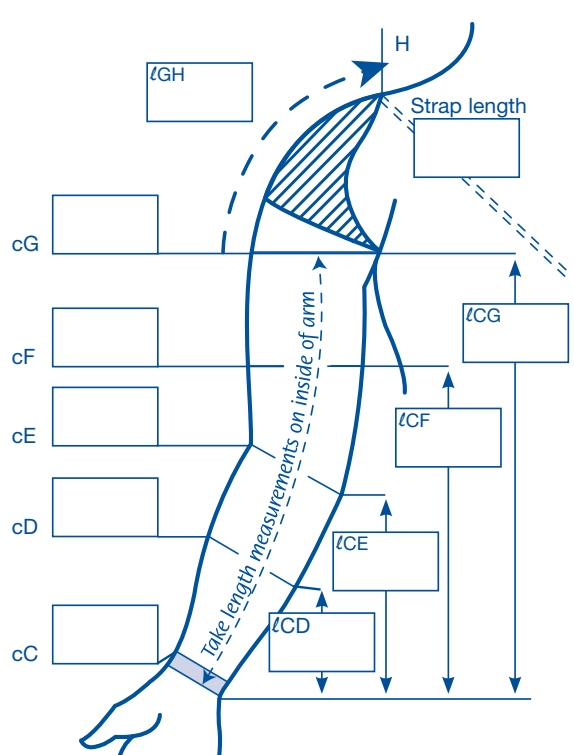
Ship To Acct # _____ Acct Name _____
 Address _____ City _____ State _____ Zip _____
 Email _____ Phone _____ FAX _____

Bill To Acct # _____ Acct Name _____
 Address _____ City _____ State _____ Zip _____
 Email _____ Phone _____ FAX _____

CC # _____ Name on CC _____
 Exp Date _____ Billing Zip Code _____

Quality <input type="checkbox"/> Elvarex** <input type="checkbox"/> Elvarex Soft	Color <input type="checkbox"/> Beige <input type="checkbox"/> Black <input type="checkbox"/> Honey <input type="checkbox"/> Cranberry <input type="checkbox"/> Caramel† (CCL1, 2 only)	Quantity/Class	CCL1 (15-21mmHg*)	CCL2 (23-32mmHg*)	CCL2F† (23-32mmHg*)
		Left			
		Right			

Style <input type="checkbox"/> CG Sleeve <input type="checkbox"/> AG Sleeve & hand attachment† <input type="checkbox"/> CH Sleeve & shoulder cap† <input type="checkbox"/> AH Sleeve, hand attachment† & shoulder cap	Shoulder Cap Options (CH and AH) <input type="checkbox"/> Shoulder Strap <input type="checkbox"/> Bra loop with Velcro _____ cm (Bra Strap width)
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Elbow Options
 Elbow Comfort† (CCI, 2 only) **OR** Pocket Inside Elbow

Silicone Band	On Top	Inside	Inside ¾
2.5 cm			
5 cm <small>(Elvarex Soft = On Top only)</small>			
Zipper†	Inside	Outside	On Top
C-E only			
E-G only			

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