

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 # _____
Email _____
By choosing communication via email (above), I acknowledge that Personal Health Information associated with this purchase may be transmitted from BSN in a non-encrypted manner.

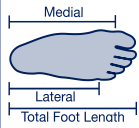
Last 4 digits of credit card on file OR Exp. _____
 New card - call to provide credit card # Billing Zip _____
Name on CC _____

Color	Seam Color**	Quantity/Class	CCL 1 18-21 mmHg*	CCL 2 23-32 mmHg*	CCL 3 34-46 mmHg*
<input type="checkbox"/> Black <input type="checkbox"/> Beige <input type="checkbox"/> Cocoa <input type="checkbox"/> Cherry <input type="checkbox"/> Grey	<input type="checkbox"/> Black <input type="checkbox"/> Beige <input type="checkbox"/> Cocoa <input type="checkbox"/> Cherry <input type="checkbox"/> Grey	Left _____ Right _____ Body Bandage _____			

Styles
 AD Knee
 AG Thigh
 AG-T Chap: pc. pr.
 AT Pantyhose
 AT Pantyhose must be all one compression class. All leg lengths must be equal.

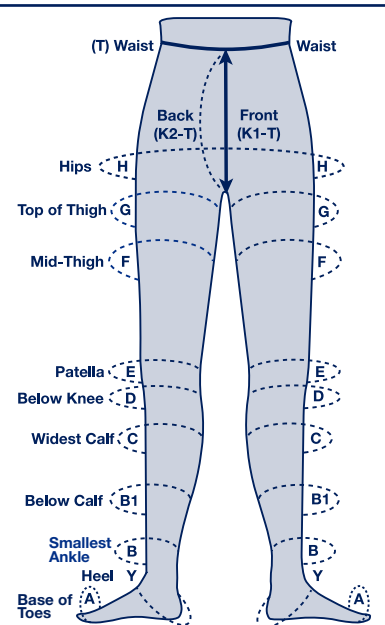
Straight Open Toe Length
 Straight Closed Toe Length
 Slant Open Toe Length
 Slant Closed Toe Length

Lateral _____ cm
 Total Foot _____ cm
 Medial _____ cm
 Lateral _____ cm
 Total Foot _____ cm



Circum. (c)	Length (l)	Length (l)	
cT	K2-T	lT	
cH	K1-T	lH	
Circumference (c)		Length (l): Taken from each landmark to floor	
Left	Right	Left	Right
cG		lG	
cF		lF	
cE		lE	
cD		lD	
cC		lC	
cB1		lB1	
cB		lB	
cY		lA (medial)	
cA		lA (lateral)	

Variations
 B1G-T
 BG-T
 FT Biker Short



Special Options
 T-Heel
 Adj. waistband
 Open pubis

Silicone Band	On Top
2.5cm (A-D Only)	
5cm	

AG-T Not available with Silicone band.
 AT Pantyhose must be all one compression class. All leg lengths must be equal.

SoftFit band (A-D Only)

Pocket
 In-step
 Back of knee
 All four sides closed

All measurements should be in centimeters.
 * Design Pressure
 ** Seam colors only available when main garment color is beige.
NOTE: Garments ordered in black and beige have an estimated arrival time of 4-5 business days from the date submitted. All colors have an estimated arrival time of 7-10 business days from the date submitted.