

# Pure Night Lower Extremity Order Form

## PATIENT INFORMATION

Name:

Therapist /Fitter: Name:

Phone Number:

Phone Number:

Measurement Date:

Email:

Order Date:

Reorder of Order #:

## GARMENT

Style PN - LE -

Left Leg  Right Leg

Channeling

Chevron  Vertical

Containment

#1 Original  #2 Stiffer

Compression

20-30 mmHg  30-40 mmHg

40-50 mmHg

### Modifications

QTY.  Zippers

Closure

Pull-up Loops

Accessories

Cover (In development, eta 3<sup>rd</sup> QTR 2020)

### Placement Instruction

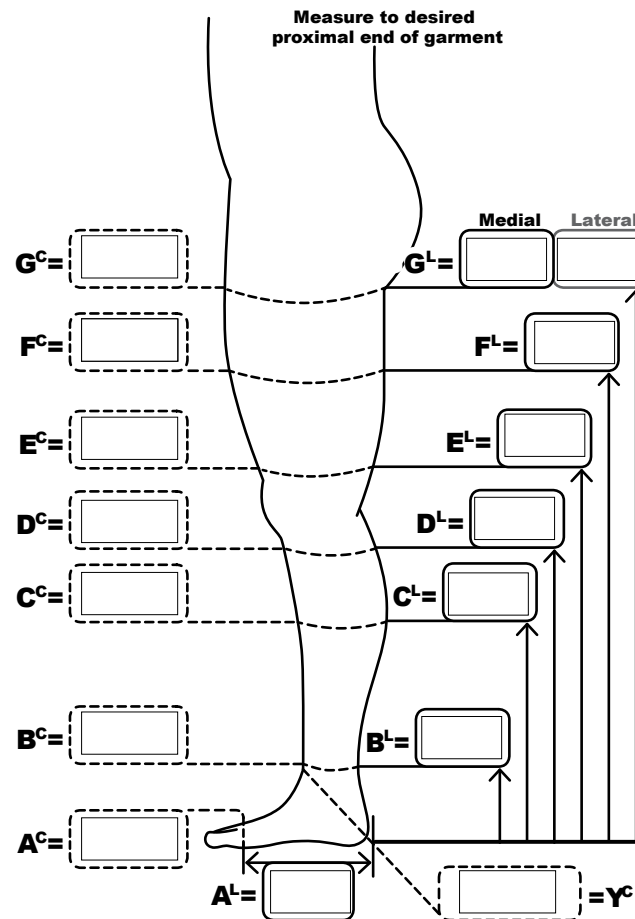
### Notes:

## MEASUREMENTS

(All measurements in centimeters)

C = Circumference

L = Length



## BILLING INFORMATION

Quote Only

Business Name:

Phone:  Fax:

Contact Name:

Account #:  P.O. #:

### Payment:

Credit card  Net 30

Card #:

Exp:  SID:

## SHIPPING INFORMATION

### Shipping:

Requested Delivery Date:

Standard  Priority

Ship to:

Attn:

Street:

City:  State:  Zip:

Phone:

Email:

(for shipping notification)

Email: orders@puremedical.us