



Patient Last Name: _____ Patient First Name: _____
 Fitter Last Name: _____ Fitter First Name: _____
 Fitter Title: _____ (example PT/OT/PTA)
 Date: _____

Foot Cap Order Form



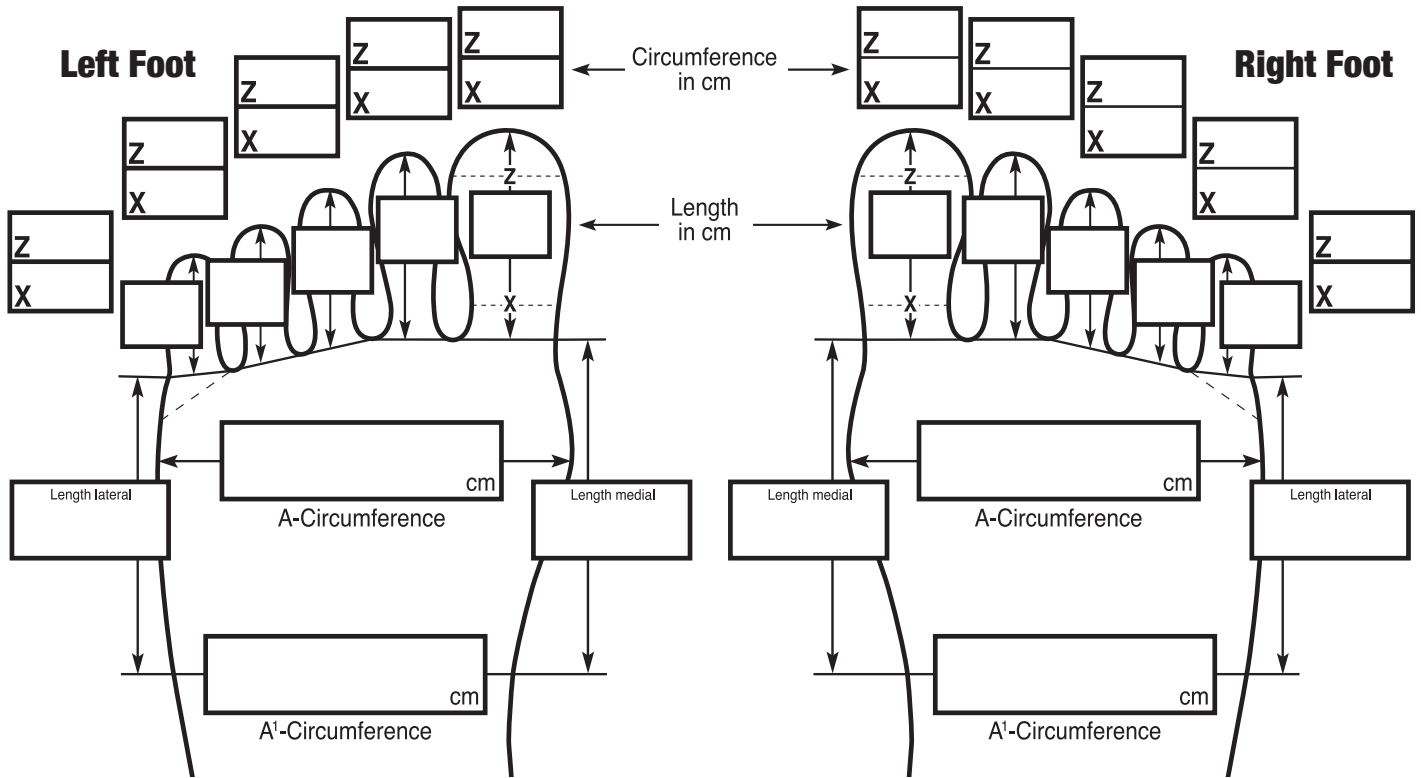
IMPORTANT - All measurements must be recorded in centimeters. Please write clearly.
 Elvarex Soft Seamless Beige Color only

Quality/Class	Left	Right
Elvarex 1 (18-21 mmHg*)		
Elvarex 2 (23-32 mmHg*)		
Elvarex Soft Seamless 2 (23-32 mmHg*)		
Elvarex 3 (36-46 mmHg*)		

Color
 Beige
 Black

Special Options
 Small L toe covered - Measurements required below
 Small R toe covered - Measurements required below
 Cut back small L toe _____ cm (0.5 - 2.5cm)
 Cut back small R toe _____ cm (0.5 - 2.5cm)

Note: Elvarex Soft Seamless available in Beige only.



Comments: _____

* Design Pressure