

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

## **Armsleeve Order Form**

Elvarex<sup>®</sup>, Elvarex<sup>®</sup> Soft

Quality	Color	Quantity/Class	<b>CCL1</b> (15-21mmHg*)	CCL2 (23-32mmHg*)	<b>CCL2F</b> <sup>†</sup> (23-32mmHg*)	
Elvarex**	Honey Cranberry	Left				
	Caramel <sup>†</sup> (CCL1, 2 only)	Right				
Style	Shoulder Cap Options (CH and AH)					
CH Sleeve &	AG Sleeve & hand attachment <sup>†***</sup> AH Sleeve, hand attachment & shoulder cap <sup>†***</sup>	Shoulder Strap Bra loop with Velcro cm (Bra Strap width)				
/GH Strap length			Elbow Options			
		□ SoftFit™	□ Elbow Comfort <sup>†</sup> (CCL 2 only) □ Pocket Inside Elbow (Not available with Elbow Comfort)			
		Silicone Band	On Top	Inside	Inside 3/4	
		2.5 cm				
cG		5 cm (Elvarex Soft = On Top only)				
cF	(CG	Zipper <sup>†</sup>	Inside	Outside	On Top	
		C-E only				
ce		E-G only				
cF cE cD cC	ICE	<ul> <li>* Design Pressure</li> <li>**CAUTION: This product contains natural rubber latex which may cause allergic reactions.</li> <li>*** Not available in SoftFit <sup>†</sup> Only available in Elvarex</li> </ul>				
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THIS IS FOR THE INTENDED USE OF LUNA MEDICAL ONLY