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

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**Glove/Gauntlet Order Form**

Elvarex®, Elvarex® Plus, Elvarex® Soft Seamless

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### Quality
- Elvarex®
- Elvarex® Plus®
- Elvarex Soft Seamless

### Color
- Beige
- Black
- Honey
- Cranberry
- Caramel† (CCL1, 2 only)

### Quantity/Class

<table>
<thead>
<tr>
<th></th>
<th>CCL1 (18-21mmHg)</th>
<th>CCL2 (23-32mmHg)</th>
<th>CCL2F (23-32mmHg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Left</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Right</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Style
- AC1 Glove
- AC1 Gauntlet
- AE Glove to Elbow >13 cm past wrist
- AE Gauntlet to Elbow >13 cm past wrist

### Pocket†
- Back of hand
- Palm

### Zipper†
- Back of hand
- Palm

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**Elvarex® Plus**

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

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**THIS IS FOR THE INTENDED USE OF LUNA MEDICAL ONLY**

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Luna Medical, Inc. · Specialists in Venous & Lymphatic Insufficiencies
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