



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



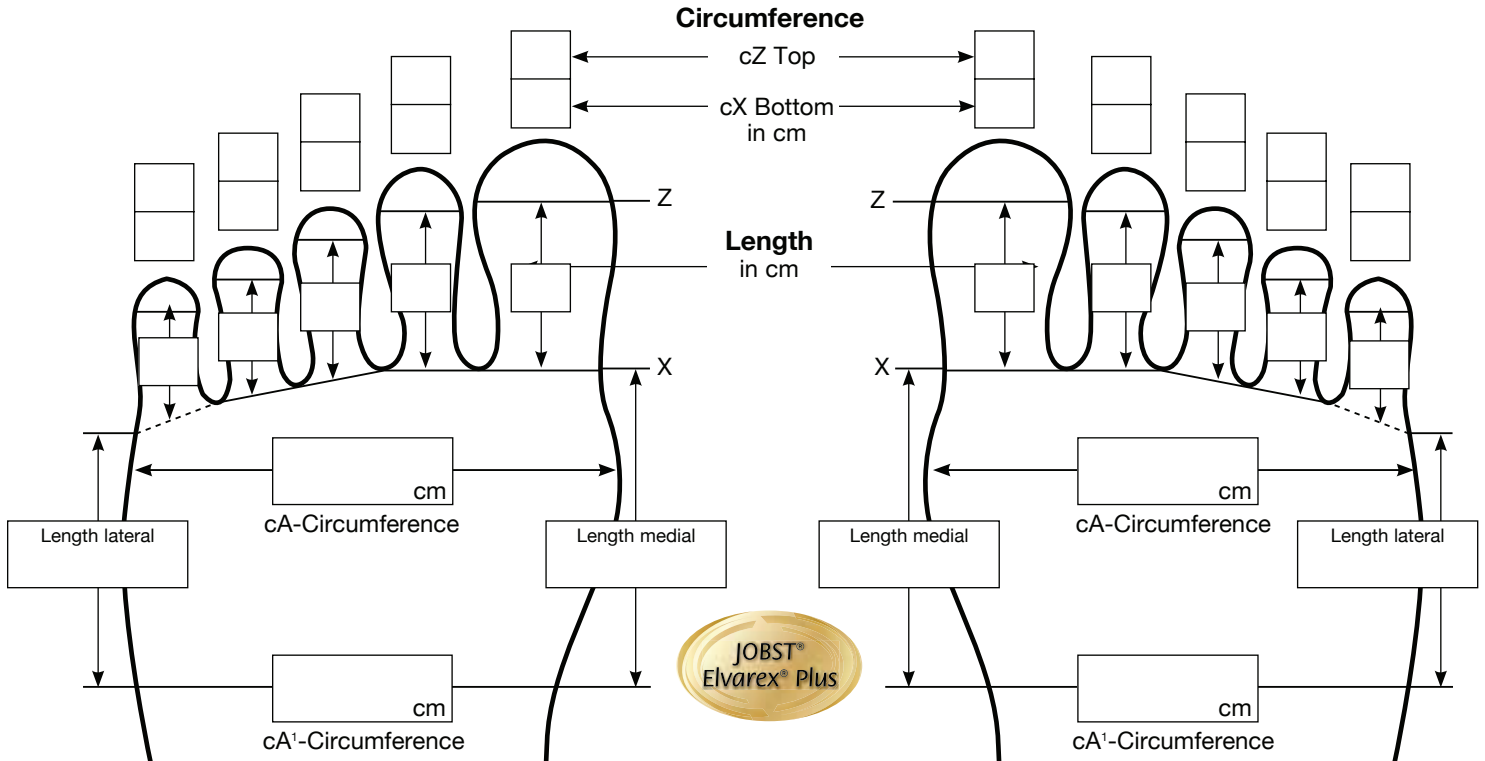
## Foot Caps Order Form

Elvarex®, Elvarex® Plus, Elvarex® Soft Seamless

Quality	Color	Quantity/Class	CCL1	CCL2	CCL3†
			(18-21mmHg*)	(23-32mmHg*)	(34-46mmHg*)
<input type="checkbox"/> Elvarex** <input type="checkbox"/> Elvarex Plus** <input type="checkbox"/> Elvarex Soft Seamless	<input type="checkbox"/> Beige <input type="checkbox"/> Black <input type="checkbox"/> Cocoa*** <input type="checkbox"/> Navy*** <input type="checkbox"/> Grey***	Left			
		Right			

<b>Small Toe Open</b> (extra cut back not required) Left <input type="checkbox"/> 0.5cm <input type="checkbox"/> 1cm <input type="checkbox"/> 1.5cm Right <input type="checkbox"/> 0.5cm <input type="checkbox"/> 1cm <input type="checkbox"/> 1.5cm	<b>All 5th Toe circumferences are required for Elvarex Plus, even if choosing open 5th toe option.</b>	<b>Small Toe Covered***</b> <input type="checkbox"/> Left <input type="checkbox"/> Right
--	--	---



\* Design Pressure  
 † Only available in Elvarex  
 \*\*CAUTION: This product contains natural rubber latex which may cause allergic reactions.  
 \*\*\* Not available in Elvarex Soft Seamless.