



Account Number: 1014233

Patient Last Name: \_\_\_\_\_ Patient First Name: \_\_\_\_\_

Fitter Last Name: \_\_\_\_\_ Fitter First Name: \_\_\_\_\_

Fitter Title: \_\_\_\_\_ (example PT/OT/PTA)

Date: \_\_\_\_\_

<b>PO#</b>	
Original Order <input type="checkbox"/>	Reorder w Changes <input type="checkbox"/>
Exact Reorder <input type="checkbox"/>	Schema # _____

Fitter Name _____	Fitter # _____	Fitter Phone _____
Fitter Facility _____	Email _____	

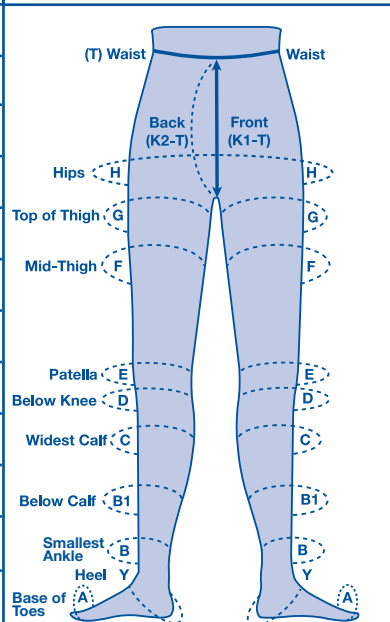
Address _____	City _____	State _____	Zip _____
Email _____	Phone _____	Fax _____	

Quality	Color	Quantity/Class	CCL1	CCL2	CCL3	CCL3F	CCL4	CCL4S
			18-21 mmHg*	23-32 mmHg*	34-46 mmHg*	34-46 mmHg*	49-70 mmHg*	60-90 mmHg*
<input type="checkbox"/> Elvarex**	<input type="checkbox"/> Beige <input type="checkbox"/> Black	Left						
<input type="checkbox"/> Elvarex Soft (CCL1-3)	<input type="checkbox"/> Cocoa† <input type="checkbox"/> Navy†	Right						
	<input type="checkbox"/> Grey†	Body Bandage						

<b>Styles</b> <input type="checkbox"/> AD Knee <input type="checkbox"/> AG-T Chap: <input type="checkbox"/> pc. <input type="checkbox"/> pr. <input type="checkbox"/> AF Mid-thigh† <input type="checkbox"/> AG-HT 1½ Leg panty† <input type="checkbox"/> AG Thigh <input type="checkbox"/> AT Pantyhose	<input type="checkbox"/> <b>Straight Open Toe Length</b> Lateral _____ cm Total Foot _____ cm	<input type="checkbox"/> <b>Slant Open Toe Length</b> Medial _____ cm Lateral _____ cm Total Foot _____ cm	<input type="checkbox"/> <b>Slant Closed Toe Length</b> Medial _____ cm Lateral _____ cm Total Foot _____ cm

<b>Circum. (c)</b>	<b>Length (l)</b>	<b>Length (l)</b>	<b>Variations</b> <input type="checkbox"/> B1G† <input type="checkbox"/> FT Biker Short <input type="checkbox"/> BG† <input type="checkbox"/> B1G-T Capri
cT	K2-T	/T	
cH	K1-T	/H	

Circumference (c)		Length (l): Taken from each landmark to floor	
Left	Right	Left	Right
cG		/G	
cF		/F	
cE		/E	
cD		/D	
cC		/C	
cB1		/B1	
cB		/B	
cY		/A (medial)	
cA		/A (lateral)	



<b>Special Options</b>				
<input type="checkbox"/> T-Heel† (CCL 2-3F)	<input type="checkbox"/> Adj. waistband	<input type="checkbox"/> Profile†	<input type="checkbox"/> Fly for men	<input type="checkbox"/> Open pubis
<input type="checkbox"/> Top Comfort†	<input type="checkbox"/> Knee Comfort† (not avail. in CCL1)			

Silicone Band	On Top	Inside	Inside ¼	Pcs.
2.5cm				
5cm				

<b>Vertical Silicone Strips A-G</b>		
<input type="checkbox"/> Front	<input type="checkbox"/> Back	<input type="checkbox"/> Both

Zipper†	Inside	Outside
B-D only		
E-G only		

<b>Pocket</b>	
<input type="checkbox"/> In-step (not available with Profile)	
<input type="checkbox"/> Back of knee (not avail. with Knee Comfort)	
<input type="checkbox"/> All four sides closed	

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

All measurements should be in centimeters.