



L&R INTERNAL USE ONLY

Early Impressions™ Arm Order Form

1 Patient Information

Name: _____ Phone Number: _____ Age: _____ Height: _____ Weight: _____

Therapist/Fitter: Name: _____ Phone Number: _____ Email: _____

2 Garment Design

Style ☐ Right Arm ☐ Left Arm UE - _____

Channeling ☐ Chevron ☐ Vertical (Design consult needed)

Profile ☐ Original ☐ Low

Color ☐ Black ☐ Slate ☐ Purple ☐ Raspberry

Modifications

QTY.	Notes/Placement Instruction
____ Zippers	_____
____ VELCRO® fastener	_____
☐ Closure	_____
☐ Adjustable panels*	_____
____ Pull-up loops	_____
____ Digit spacers	_____
(Design consult needed)	_____
____ Snap tape	_____

Accessories

- ____ Variable Compression Jacket (VCJ)
 ____ Outer Jacket (OJ)
 Color: ☐ Black ☐ Slate ☐ Purple ☐ Raspberry
 Fastener type: ☐ VELCRO® ☐ Snap
 Modifications: ☐ Non-skid pads
 ____ Easy Slide Donning Aid

Special Instructions:

☐ Exact Reorder of Order #: _____

4 Billing Information

☐ Quote Only

Business Name: _____

Phone: _____ Fax: _____

Contact Name & Phone: _____

Account #: _____ P.O. #: _____

Payment: ☐ Credit card (provide number below) ☐ Net 30

Card #: _____ Exp: ____ / ____ SID: _____

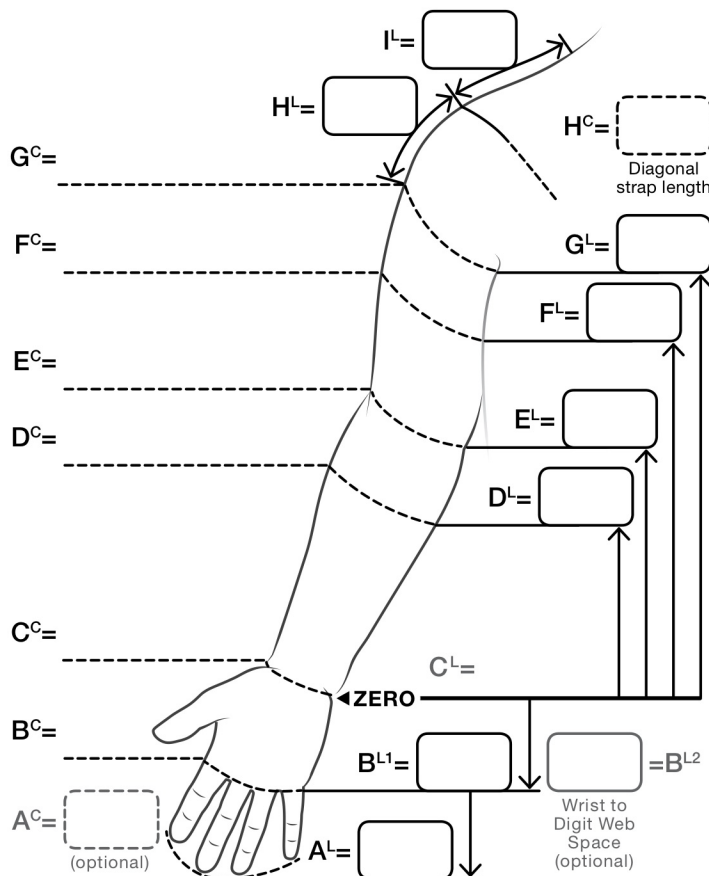
3 Measurements

(All measurements in centimeters)

Date taken: ____ / ____ / ____

C = Circumference

L = Length



5 Shipping Information

Shipping: ☐ Ground ☐ 2nd Day ☐ Overnight

Ship to: _____

Attn: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email (for shipping notification): _____