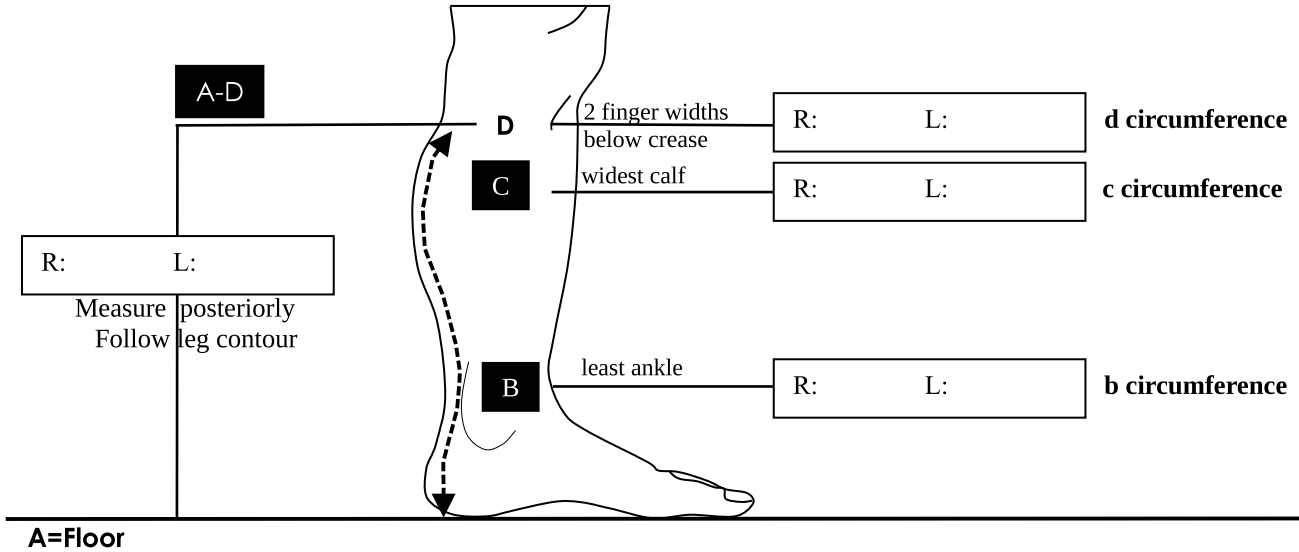




Patient Last Name: _____ **Patient First Name:** _____
Fitter Last Name: _____ **Fitter First Name:** _____
Fitter Title: _____ **(example: PT/OT/PTA)**
Date: _____

FarrowFoam™ Liners Order Form



All FarrowFoam™ liners are sold as eaches.

FarrowFoam™ Liners are used under a Farrow brand compression garment. When ordering a FarrowFoam™ Liner you **MUST** add 10 cm to all leg circumferences and 5 cm to foot circumferences when choosing the correct-sized Farrow leg or foot garment to go over it. On the order form, please indicate the actual measurements and then the measurements needed to fit over the FarrowFoam™ liner.

FarrowFoam™ Smooth Foam AD Liner	Sizes					
	XSmall	Small	Medium	Large	XLarge*	XXLarge*
(D) Below Knee	37 – 43 cm	42 – 48 cm	45 – 51 cm	50 – 56 cm	55 – 61 cm	60 – 66 cm
(C) Mid calf	32 – 38 cm	37 – 43 cm	42 – 48 cm	47 – 53 cm	52 – 58 cm	57 – 63 cm
(B) Least Ankle	18 – 23 cm	21 – 26 cm	23 – 28 cm	26 – 31 cm	28 – 33 cm	31 – 36 cm
(A-D) Length	38 cm	39 cm	41 cm	42 cm	43 cm	45 cm
Side Closure AD Liner	FLFM-AD	Qty	Qty	Qty	Qty	Qty

*XL and XXL sizes are subject to price increases.

THIS IS FOR THE INTENDED USE OF LUNA MEDICAL ONLY