



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

Accessories Order Form

GarmentGrip™

10cm x 60cm Tan (Arm)	FGG-T-PUT010x060	Qty		
14cm x 80cm Tan (Thigh)	FGG-T-NPT014x080	Qty		
14cm x 120cm Tan (Thigh)	FGG-T-NPT014x120	Qty		

Farrow Short-Stretch™

8cm x 150cm Tan Webbing	FSSWB-08x150	Qty		
10cm x 150cm Strong Band	FSSST-10X150	Qty		

Velcro® Packs

For LITE TTF Armpiece	FWLT-T-AVP	Qty		
For TTF Footpiece	FW-T-FVP	Qty		
For STRONG TTF Legpiece	FWST-T-LVP	Qty		
For LITE TTF Legpiece	FWLT-T-LVP	Qty		
For STRONG TTF Thighpiece	FWST-T-TVP	Qty		
For BASIC OTS Legpiece	FWBA-O-LVP	Qty		
For BASIC OTS Footpiece	FWBA-O-FVP	Qty		

Velcro® & Foam Packs

		Size			
		X-Small – Small		Medium – Large	
For LITE Hand Gauntlet	FWLT-O-HGRP	Qty		Qty	

THIS IS FOR THE INTENDED USE OF LUNA MEDICAL ONLY