

Bellavar® and Custom Seamless Soft Order Form



Patient Last Name:	Patient First Name:		
Fitter Last Name:	Fitter First Name:		

Fitter Title: _____

Date: _

(lexamp	le:	PT/O	Т/РТА)	
_	CAUIIP				

	00	intity								ze	Form 57021 must accompany this form.		nis form.	(T) Waist Waist	
	Grua	-			e	nel		Jern	SSS	Bronze	Circum. (a	c) Leng	gth (l)	Length	
Product / Brand	Left	Right	Sand	Black	Bronze	Caramel	Navy	Cranberry	Espresso	Sun E	с Т	К2-Т		lT	Back Front
Seamless Soft 18-21 mmHg* (CCL 1)											с Н	К1-Т		lH	Hips H
Seamless Soft 23-32 mmHg* (CCL 2)											Circumfe	rence (c)	Take	ength (l): n from eac nark to floo	
Seamless Soft 34-46 mmHg* (CCL 3)											Left	Right	Lef		
Bellavar 23-32 mmHg* (CCL 2)											с G		l G		Mid-Thigh (F
Bellavar [°] 34-46 mmHg* (CCL 3)											с F		lF		
Basic Styles:	٩G		AG-	T	A	G-H	łΤ		ΛT		с Е		lE		Patella (E
Options:	Оре	en toe	ə] She	ort fo	oot (d	close	d)		c D		lD		Below Knee (D)
Special Options:											c C		lC		Widest Calf (C
AD No Silicone Silicone do band 5 cm	tted			SoftF	Fit™			and 2		m	с В1		2 B1		Below Calf (B1)
			(CL2) [;] ed ba			с В		lB		
AF/AG No Silicone					Silio	cone		banı			c Y		l Z (closed t	oe)	Smallest B Ankle B Heel Y
AT Maternity		Sean									с А		lA		Base of A Toes
AT Maternity Fly for Men Full compression Regular Adjustable Waist band Waist band 2.5 cm** Waist band 5.0 cm** Open Pubis Mesh Crotch									ist b	in slant oper		•	Foot length closed toe <i>1</i> Z		

Luna Medical, Inc. · Specialists in Venous & Lymphatic Insufficiencies

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