

Armsleeve Order Form

Elvarex[®], Elvarex[®] Soft



Patient Last Name: _____ Patient First Name: _____

Fitter Last Name: _____ Fitter First Name: _____

Fitter Title: _____ (example: PT/OT/PTA)

Date: _____

| | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------|----------------------------------------------|
| Elvarex[®]** <input type="checkbox"/> Beige <input type="checkbox"/> Black <input type="checkbox"/> Honey <input type="checkbox"/> Cherry <input type="checkbox"/> Navy <input type="checkbox"/> Cranberry <input type="checkbox"/> Caramel <small>(CCL 1, 2 only)</small> | Elvarex[®] Soft <input type="checkbox"/> Beige <input type="checkbox"/> Black <input type="checkbox"/> Honey <input type="checkbox"/> Cranberry <input type="checkbox"/> Cherry <input type="checkbox"/> Navy <input type="checkbox"/> Grey <input type="checkbox"/> Cocoa | Quantity/Class Left Right | CCL1 <small>(15-21mmHg*)</small> | CCL2 <small>(23-32mmHg*)</small> | CCL2F† <small>(23-32mmHg*)</small> |
| Style <input type="checkbox"/> CG Sleeve <input type="checkbox"/> CH Sleeve & shoulder cap ^{†***} <input type="checkbox"/> AG Sleeve & hand attachment ^{†***} <input type="checkbox"/> AH Sleeve, hand attachment & shoulder cap ^{†***} | | Shoulder Cap Options (CH and AH) <input type="checkbox"/> Shoulder Strap <input type="checkbox"/> Bra loop with Velcro _____ cm <small>(Bra Strap width)</small> | | | |

Elbow Options

Elbow Comfort† (CCL 2 only) Pocket Inside Elbow
(Not available with Elbow Comfort)

| Silicone Band | On Top | Inside | Inside ¾ |
|-----------------------------------------------------------------|---------------|----------------|---------------|
| 2.5 cm | | | |
| SoftFit | | | |
| 5 cm <small>(Elvarex[®] Soft = On Top only)</small> | | | |
| Zipper† | Inside | Outside | On Top |
| C-E only | | | |
| E-G only | | | |

* Design Pressure *** Not available in Elvarex Soft † Only available in Elvarex
****CAUTION:** This product contains natural rubber latex which may cause allergic reactions.

