

Foot Cap Order Form

Elvarex®, Elvarex® Plus, Elvarex® Soft Seamless



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

Elvarex®**	Elvarex® Plus**	Elvarex® Soft Seamless	Qty/Class	CCL1 (18-21mmHg)	CCL2 (23-32mmHg)	CCL3† (34-46mmHg)
<input type="checkbox"/> Beige <input type="checkbox"/> Cocoa <input type="checkbox"/> Black <input type="checkbox"/> Navy <input type="checkbox"/> Grey <input type="checkbox"/> Cranberry	<input type="checkbox"/> Beige <input type="checkbox"/> Cocoa <input type="checkbox"/> Black <input type="checkbox"/> Navy <input type="checkbox"/> Grey <input type="checkbox"/> Cranberry	<input type="checkbox"/> Beige <input type="checkbox"/> Cocoa <input type="checkbox"/> Cherry <input type="checkbox"/> Black <input type="checkbox"/> Navy <input type="checkbox"/> Grey <input type="checkbox"/> Cranberry	Left			
			Right			
Small Toe Open*** Left <input type="checkbox"/> 0.5cm <input type="checkbox"/> 1cm <input type="checkbox"/> 1.5cm Right <input type="checkbox"/> 0.5cm <input type="checkbox"/> 1cm <input type="checkbox"/> 1.5cm			All 5th Toe circumferences are required for Elvarex® Plus, even if choosing open 5th toe option.			Small Toe Covered*** <input type="checkbox"/> Left <input type="checkbox"/> Right

