Patient Last Name: _____ Patient First Name: _____

Fitter Last Name: _____ Fitter First Name: _____

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

Date: _____

Armsleeve Order Form

Elvarex®, Elvarex® Soft

Quality

- ☐ Elvarex**
- ☐ Elvarex Soft

Color

- ☐ Beige ☐ Black
- ☐ Honey ☐ Cranberry
- ☐ Caramel† (CCL1, 2 only)

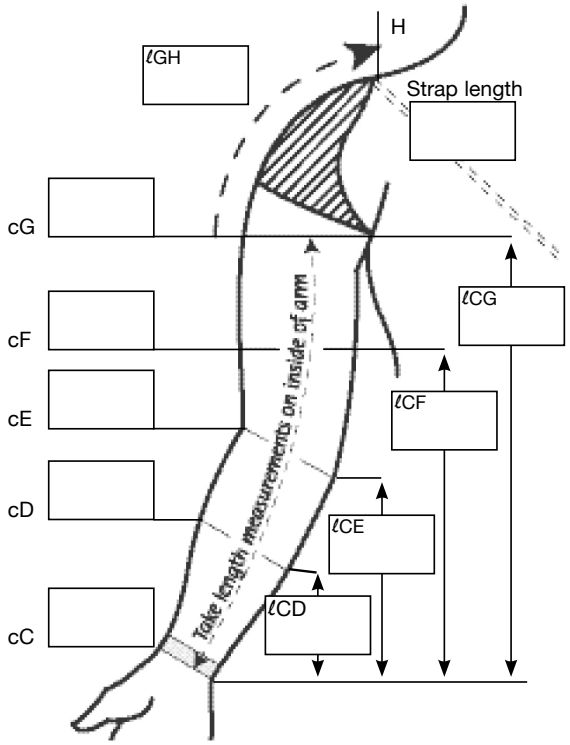
Style

- ☐ CG Sleeve
- ☐ CH Sleeve & shoulder cap†***
- ☐ AG Sleeve & hand attachment†***
- ☐ AH Sleeve, hand attachment & shoulder cap†***

Quantity/Class	CCL1 (15-21mmHg*)	CCL2 (23-32mmHg*)	CCL2F† (23-32mmHg*)
Left			
Right			

Shoulder Cap Options (CH and AH)

- ☐ Shoulder Strap
- ☐ Bra loop with Velcro _____ cm (Bra Strap width)



☐ **SoftFit™**

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			
5 cm (Elvarex Soft = On Top only)			

Zipper†	Inside	Outside	On Top
C-E only			
E-G only			

* Design Pressure

**CAUTION: This product contains natural rubber latex which may cause allergic reactions.

*** Not available in SoftFit † Only available in Elvarex

THIS IS FOR THE INTENDED USE OF LUNA MEDICAL ONLY

Luna Medical, Inc. · Specialists in Venous & Lymphatic Insufficiencies
1816 W. Belmont Avenue · Suite 1 · Chicago, IL 60657 · Phone (800) 380-4339 · Fax (888) 696-0299 · www.lunamedical.com