



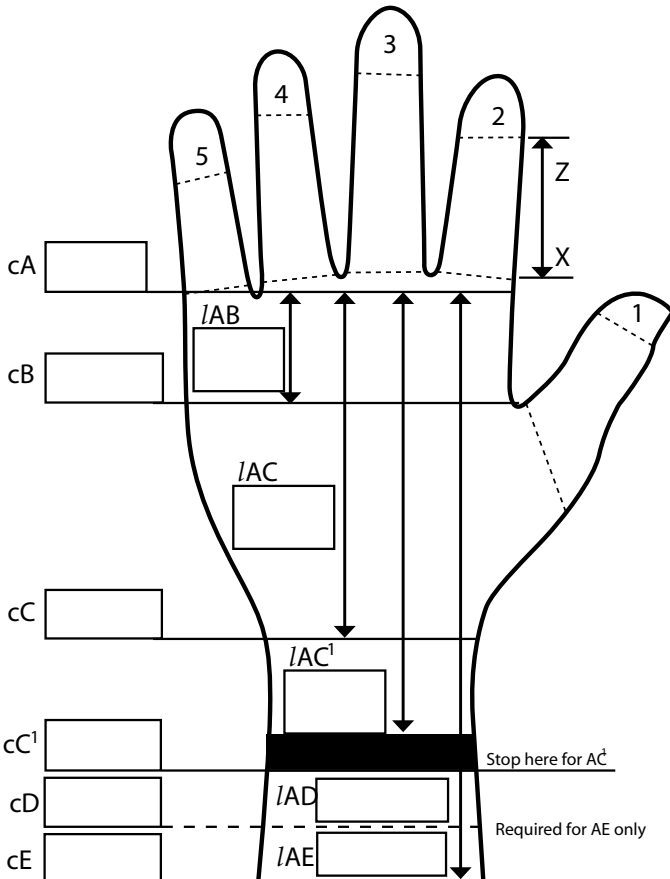
Patient Last Name: \_\_\_\_\_ Patient First Name: \_\_\_\_\_  
 Fitter Last Name: \_\_\_\_\_ Fitter First Name: \_\_\_\_\_  
 Fitter Title: \_\_\_\_\_ (example PT/OT/PTA)  
 Date: \_\_\_\_\_



## Glove/Gauntlet Order Form

Elvarex®, Elvarex® Plus, Elvarex® Soft Seamless

<b>Quality</b> <input type="checkbox"/> Elvarex** <input type="checkbox"/> Elvarex Plus** <input type="checkbox"/> Elvarex Soft Seamless	<b>Color</b> <input type="checkbox"/> Beige <input type="checkbox"/> Black <input type="checkbox"/> Honey <input type="checkbox"/> Cranberry <input type="checkbox"/> Caramel† (CCL1, 2 only)	<b>Quantity/Class</b>	<b>CCL1</b> (18-21mmHg*)	<b>CCL2</b> (23-32mmHg*)	<b>CCL2F</b> (23-32mmHg*)
		Left			
		Right			
<b>Style</b> <input type="checkbox"/> AC <sup>1</sup> Glove <input type="checkbox"/> AE Glove to Elbow >13 cm past wrist <input type="checkbox"/> AC <sup>1</sup> Gauntlet <input type="checkbox"/> AE Gauntlet to Elbow >13 cm past wrist		<b>Pocket†</b> <input type="checkbox"/> Back of hand <input type="checkbox"/> Palm		<b>Zipper†</b> <input type="checkbox"/> Back of hand <input type="checkbox"/> Palm	



	<b>Circ. Z</b>	<b>Circ. X</b>	<b>Length Z-X</b>
Thumb 1			
Finger 2			
Finger 3			
Finger 4			
Finger 5			



\* Design Pressure  
 † Only available in Elvarex  
 \*\*CAUTION: This product contains natural rubber latex which may cause allergic reactions.

**THIS IS FOR THE INTENDED USE OF LUNA MEDICAL ONLY**