



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

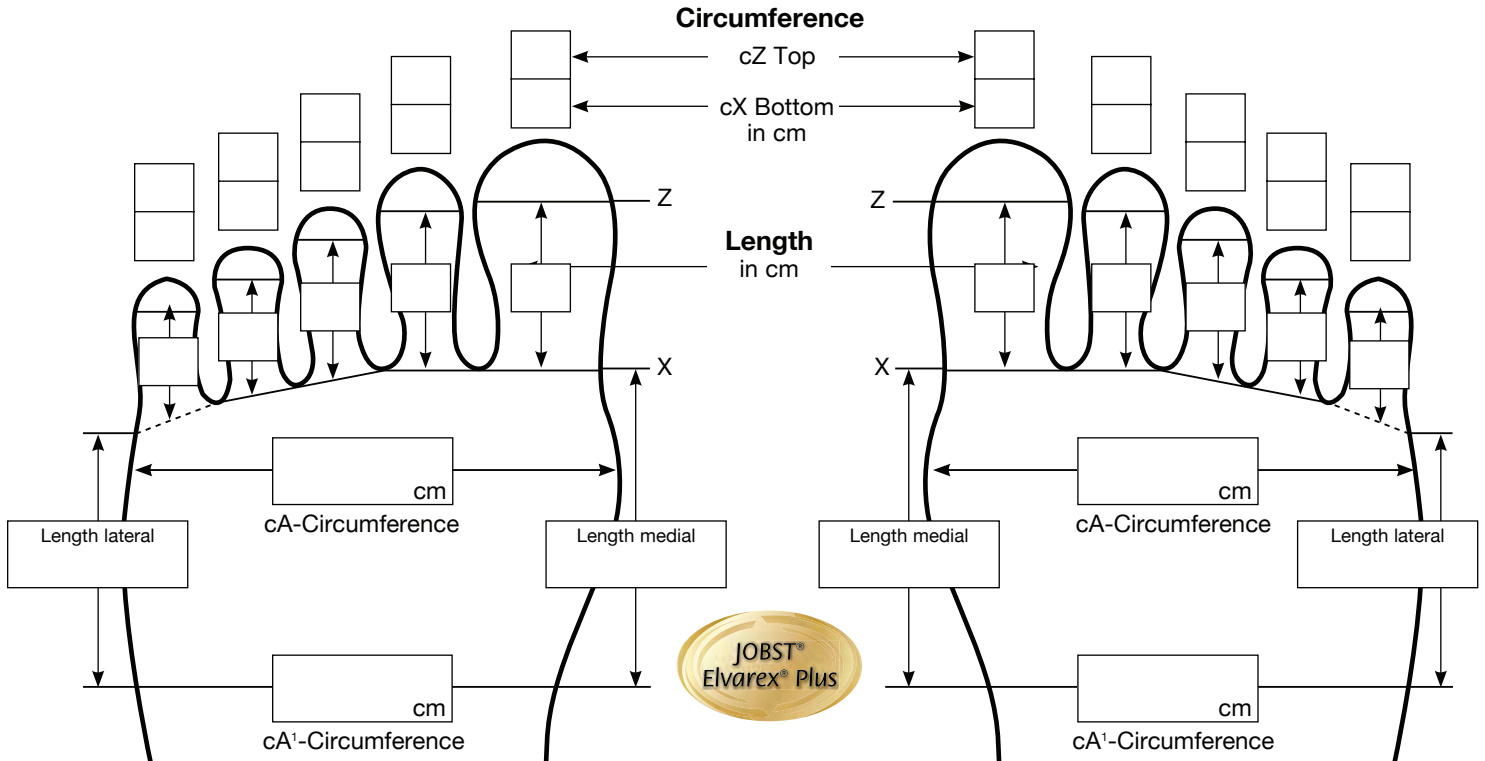


Foot Caps Order Form

Elvarex®, Elvarex® Plus, Elvarex® Soft Seamless

Quality	Color	Quantity/Class	CCL1	CCL2	CCL3†
			(18-21mmHg*)	(23-32mmHg*)	(34-46mmHg*)
<input type="checkbox"/> Elvarex** <input type="checkbox"/> Elvarex Plus** <input type="checkbox"/> Elvarex Soft Seamless	<input type="checkbox"/> Beige <input type="checkbox"/> Black <input type="checkbox"/> Cocoa*** <input type="checkbox"/> Navy*** <input type="checkbox"/> Grey***	Left			
		Right			

Small Toe Open (extra cut back not required) 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
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* Design Pressure
 † Only available in Elvarex
 **CAUTION: This product contains natural rubber latex which may cause allergic reactions.
 *** Not available in Elvarex Soft Seamless.