



Patient Last Name: \_\_\_\_\_  
 Fitter Last Name: \_\_\_\_\_  
 Fitter Title: \_\_\_\_\_  
 Date: \_\_\_\_\_

Account Number: 4057807

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

ELVAREX® Soft  
 Armsleeves and  
 Lower Extremities  
 Custom Made  
 Order Form



### Armsleeves

Quantity/Class	CCL 1 (18.2-21.5 mmHg*)	CCL 2 (25.1-31.5 mmHg*)
Left		
Right		

#### Style

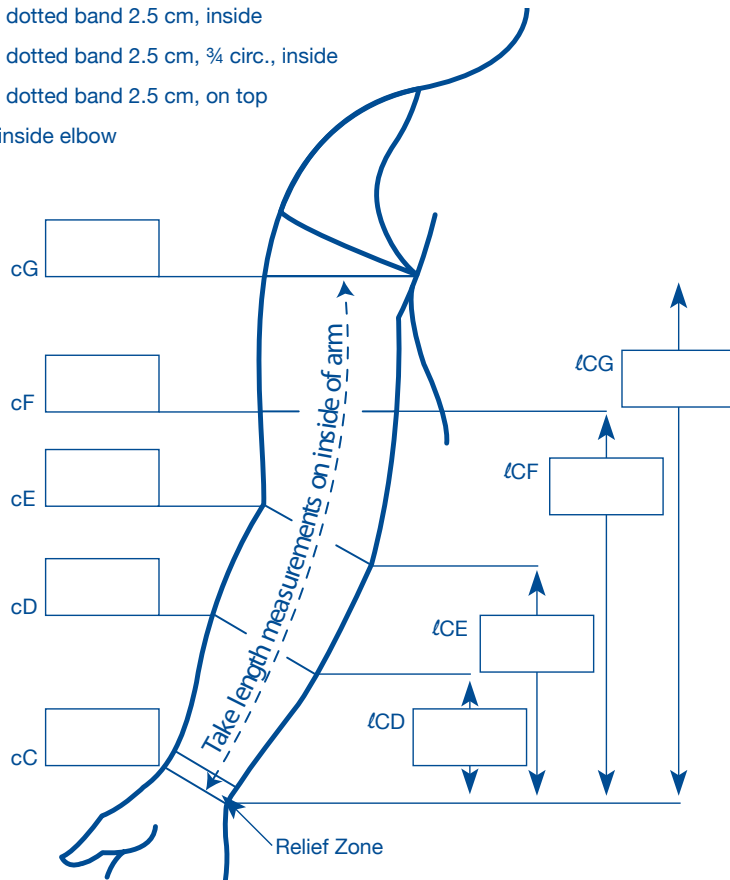
- CG<sup>1</sup> bias top end only

#### Options

- Silicone dotted band 2.5 cm, inside  
 Silicone dotted band 2.5 cm, ¼ circ., inside  
 Silicone dotted band 2.5 cm, on top  
 Pocket inside elbow

#### Color

- Beige  
 Black



**Please note:** Take measurements on edema-free extremities only.

All measurements must be recorded in cm.

\*Design Pressure

### Lower Extremities

Quantity/Class	CCL 2 (25.1-31.5 mmHg*)	CCL 3 (36.1-45.5 mmHg*)
Left (AD and AG)		
Right (AD and AG)		
Pantyhose (AT)		

#### Basic styles

##### Stockings and panty

- AD  
 AG  
 AT Panty

#### Circumference

Left Waist Right

#### Options

- Straight Open Toe  
 Straight Closed Toe  
 Slant Open Toe  
 Slant Closed Toe  
 T-Heel

#### Special options

- Adjustable waist band

#### Silicone dotted band on top

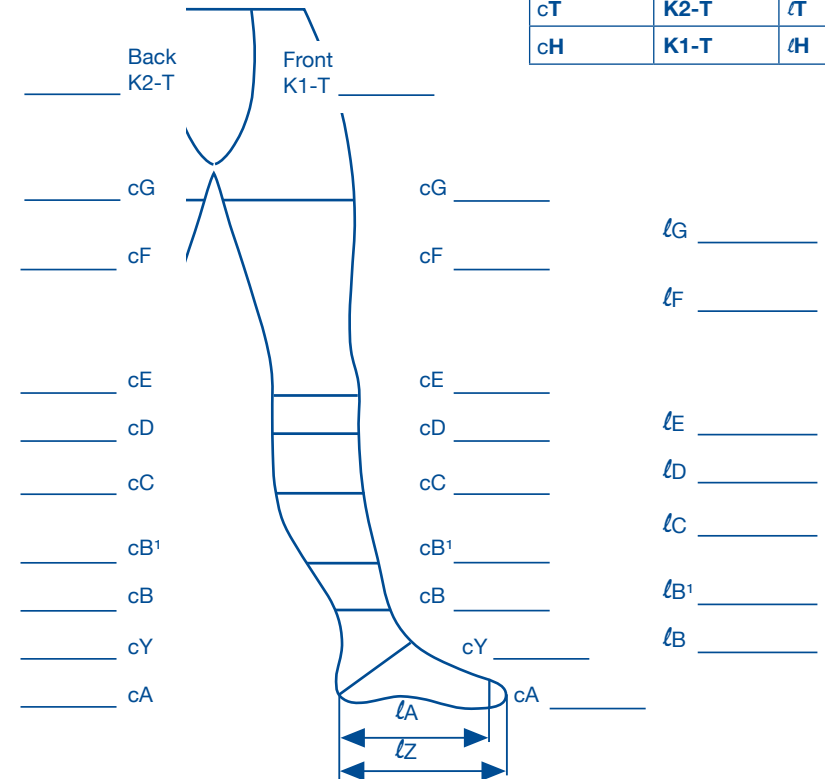
- 2.5 cm (AD only)  
 5.0 cm

#### Pocket

- Instep  
 Back of Knee

#### Color

- Beige  
 Black



Circum. (c)	Length (l)	Length (l)
cT	K2-T	lT
cH	K1-T	lH

\*\* Please indicate all length measurements including "length front" and "length back".

- Straight Open Toe  
 Lateral Length \_\_\_\_\_ cm  
 Straight Closed Toe  
 Total Foot Length \_\_\_\_\_ cm

- Slant Open Toe  
 Medial Length \_\_\_\_\_ cm  
 Lateral Length \_\_\_\_\_ cm

- Slant Closed Toe  
 Medial Length \_\_\_\_\_ cm  
 Lateral Length \_\_\_\_\_ cm  
 Total Foot Length \_\_\_\_\_ cm