



Account Number: 4057807

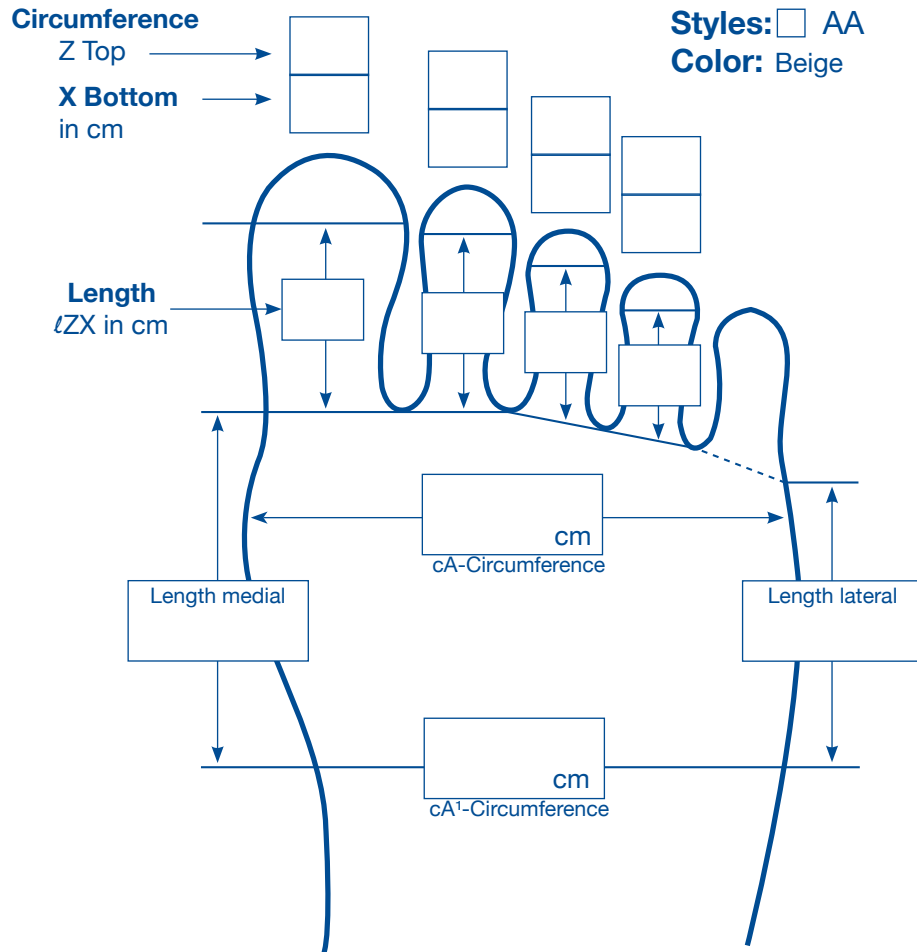
ELVAREX® Soft Seamless
Compression
Foot Cap & Glove
Custom Made
Order Form



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

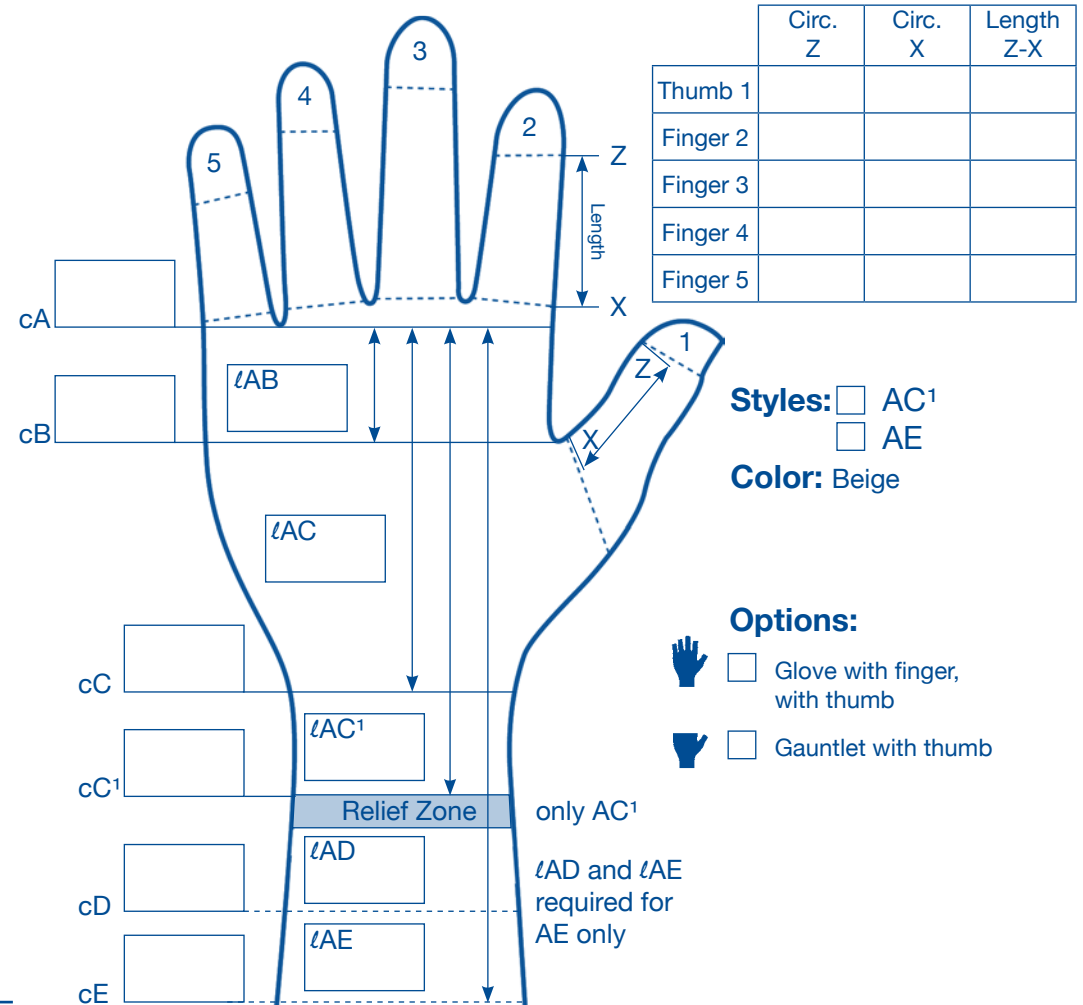
Foot Caps

Qty./Class	Left	Right
Elvarex® Soft Seamless 1 (18.5-21.5 mmHg*)		
Elvarex® Soft Seamless 2 (25.1-31.5 mmHg*)		



Gloves

Qty./Class	Left	Right
Elvarex® Soft Seamless 1 (18.2-21.5 mmHg*)		
Elvarex® Soft Seamless 2 (25.1-31.5 mmHg*)		



Please note: Take measurements on edema-free extremities only. All measurements must be recorded in cm.

* Design Pressure

Length to be measured at palm side!