



Account Number: 4057807

Custom Made
Circular Knitted
Compression
Stockings
Order Form



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

Product / Brand	Quantity		Sand	Sun Bronze	Black	Latte	Navy
	left	right					
Seamless Soft 15-20 mmHg* (CCL 1)							
Seamless Soft 20-30 mmHg* (CCL 2)							
Seamless Soft 30-40 mmHg* (CCL 3)							
Bellavar™ 20-30 mmHg* (CCL 2)							
Bellavar™ 30-40 mmHg* (CCL 3)							

Basic Styles:

AD AF AG AG-T AG-HT AT

Options:

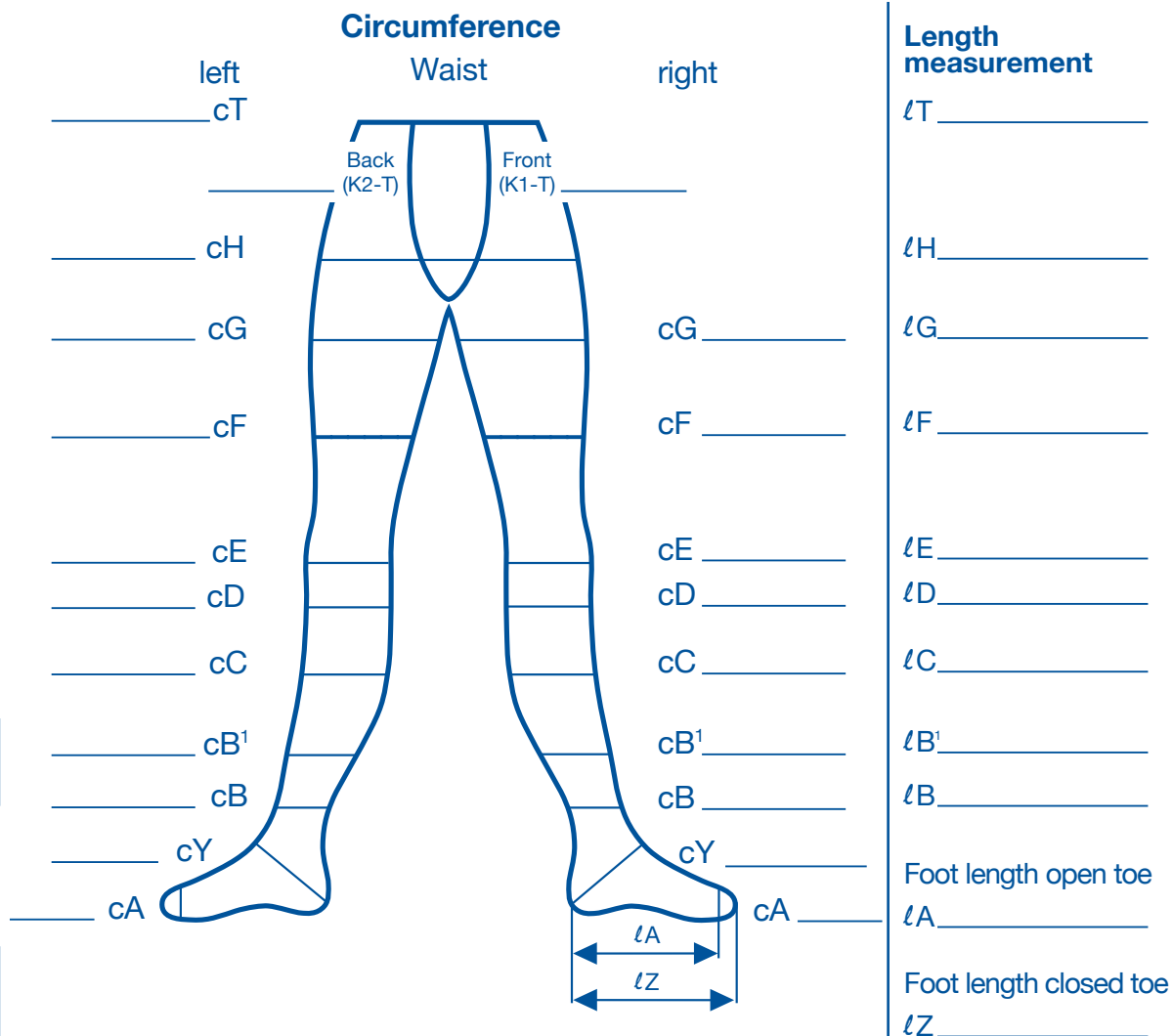
Closed toe Open toe Short foot (closed)

Special Options:

AD No Silicone Silicone dotted band 2.5 cm
 Silicone dotted band 5 cm

AF/AG No Silicone Silicone dotted band 5 cm
 Silicone lace band 6 cm Silicone Soft band 6 cm**

AT Maternity Fly for Men
 Full compression Regular Adjustable Waist band
 Waist band 2.5 cm** Waist band 5.0 cm**



Comments: _____

*Design Pressure **Not available in Full Compression or Bellavar
 Take measurements on edema-free extremities only. All measurements must be recorded in cm.