



Account Number: 4057807

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



Foot Cap Order Form

Quantity/Class	Left	Right
Elvarex 1 (18.5-21.5 mmHg*)		
Elvarex 2 (25.1-31.5 mmHg*)		
Elvarex 3 (36.1-45.5 mmHg*)		

- Color**
- Beige
 - Black
 - Cocoa
 - Navy
 - Grey

- Special options**
- With small left toe covered
 - With small right toe covered

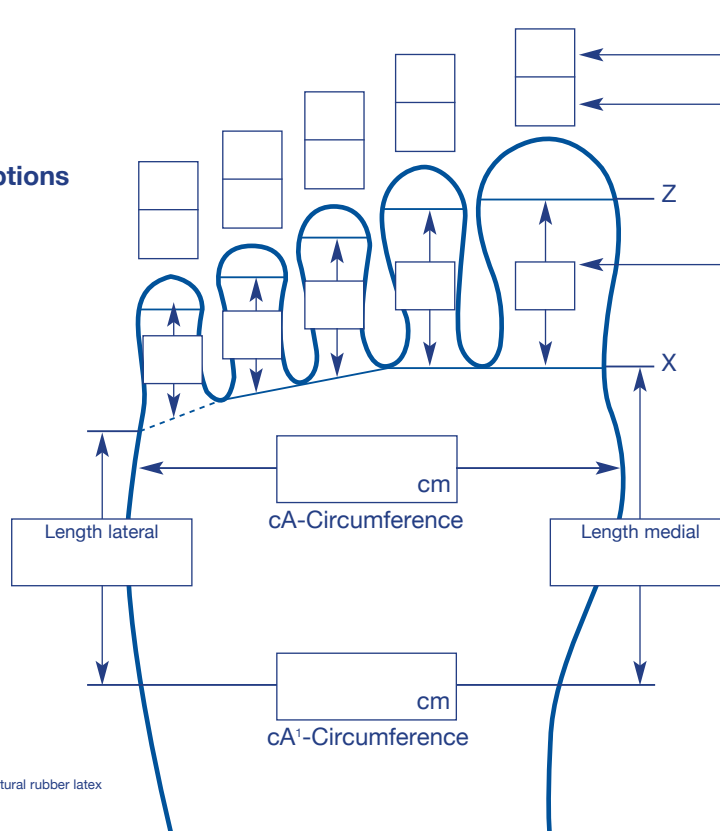
Comments _____

Take measurements on edema-free extremities only. All measurements must be recorded in centimeters.

Left

Regular options

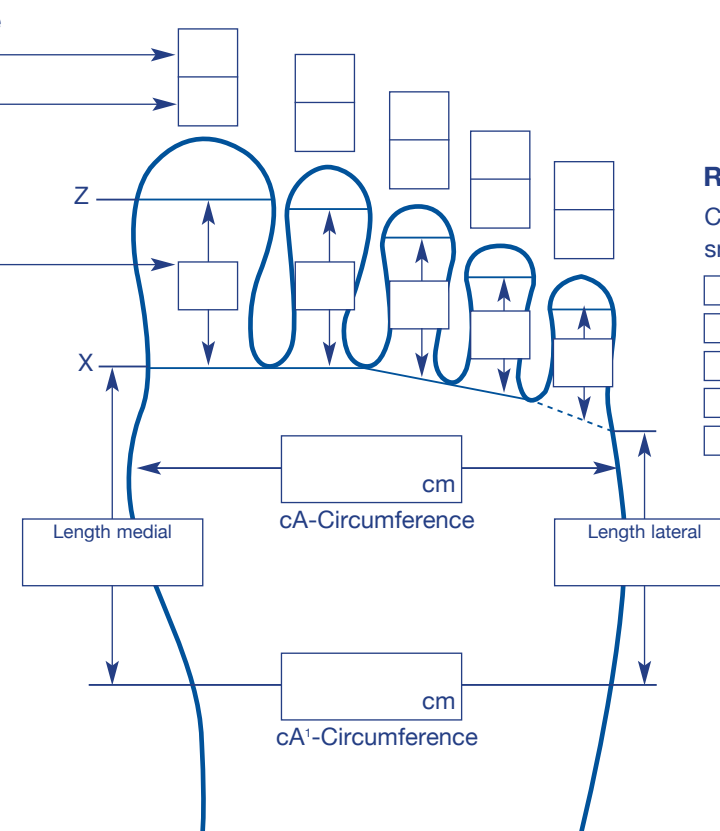
- Cut back small toe
- 0.5 cm
 - 1.0 cm
 - 1.5 cm
 - 2.0 cm
 - 2.5 cm



Right

Regular options

- Cut back small toe
- 0.5 cm
 - 1.0 cm
 - 1.5 cm
 - 2.0 cm
 - 2.5 cm



* Design Pressure

CAUTION: This product contains natural rubber latex which may cause allergic reactions.