



Account Number: 4057807

Patient Last Name: _____

Patient First Name: _____

Fitter Last Name: _____

Fitter First Name: _____

Fitter Title: _____

(example PT/OT/PTA)

Date: _____



Upper Extremity Order Form

ARMSLEEVES

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

Color

- Beige
- Black
- Caramel (Class 1-2 only)

Styles

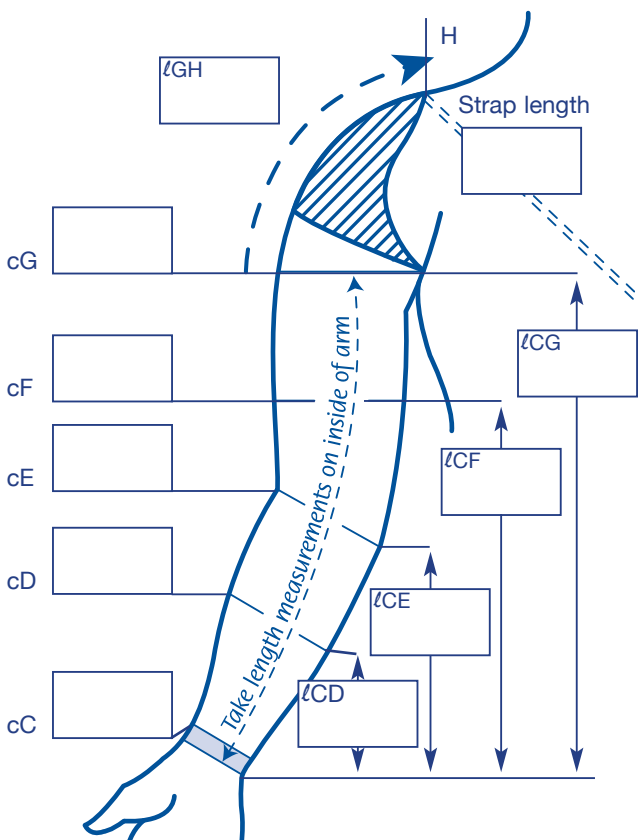
- #### Armsleeves
- CE
 - CG
 - CH with shoulder cap

Single piece, hand/arm

- AG Arm with hand,
- AH Arm with hand, shoulder cap

Options

- With shoulder strap
- With bra loop with Velcro
 - Bra width (____ cm)
- Silicone dotted band 2.5cm:**
 - Top
 - Inside
 - Inside 3/4
- Silicone dotted band 5cm:**
 - Top
 - Inside
 - Inside 3/4
- Zipper from C to E only:**
 - Inside (medial)
 - Outside (Lateral)
- Zipper E to G only:**
 - Inside (medial)
 - Outside (Lateral)
- Pocket Inside Elbow**
- Elbow Comfort Zone (ccl 2 only)**



GLOVES

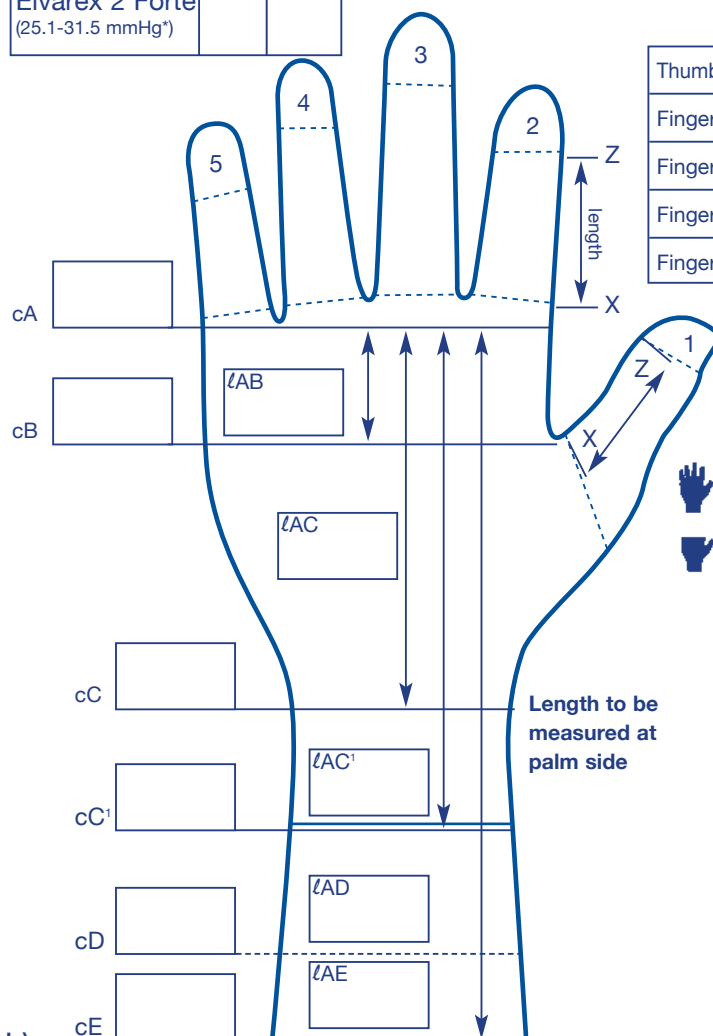
Qty./Class	Left	Right
Elvarex 1 (18.2-21.5 mmHg*)		
Elvarex 2 (25.1-31.5 mmHg*)		
Elvarex 2 Forte (25.1-31.5 mmHg*)		

Color

- Beige
- Black
- Caramel (Class 1-2 only)

Styles

- AC¹
- AE



	Circ. z	Circ. x	Length z-x
Thumb 1			
Finger 2			
Finger 3			
Finger 4			
Finger 5			

Options

- Glove with finger, with thumb
- Gauntlet with thumb

Zipper

- Back of hand (dorsal)
- Palm side (palmar)

Pocket

- Back of hand (dorsal)
- Palm side (palmar)