PURE MEDICAL

Pure Night

Lower Extremity Order Form

Patient Last Name: ___________________ Patient First Name: ___________________

Fitter Last Name: ___________________ Fitter First Name: ___________________

Fitter Title: __________________________ (example: PT/OT/PTA)

Date: ________________________________

GARMENT

Style  PN-LE - ___
0 Left Leg   0 Right Leg

Channeling
0 Chevron   0 Vertical

Containment
0 #1 Original  0 #2 Stiffer

Compression
0 20-30 mmHg  0 30-40 mmHg  0 40-50 mmHg

Modifications
QTY. Placement Instruction
0 Zipper
0 Closure
0 Pull-up Loops

Accessories
0 Cover (In development, eta 3rd QTR 2020)

Notes:

MEASUREMENTS
(All measurements in centimeters)

C = Circumference    L = Length

Measure to desired proximal end of garment

G = Medial
0 = Lateral

A = Medial
0 = Lateral

Notes:

Pure Medical, Inc. - Specialists in Venous & Lymphatic Insufficiencies
1057 W. Grand Ave · Suite 1 · Chicago, IL 60642 · Phone (800) 380-4339 · Fax (888) 696-0299 · www.lunamedical.com