

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 -
 Left Leg Right Leg

Channeling

Chevron Vertical

Containment

#1 Original #2 Stiffer

Compression

20-30 mmHg 30-40 mmHg
 40-50 mmHg

Modifications **Placement Instruction**

Pull-up Loops
 Digit Spacers
 Zippers
 Closure

Accessories

Pure Cover

Notes:

