

Upper 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-UE - _____
 Left Arm Right Arm

Channeling
 Chevron Vertical

Containment
 #1 Original #2 Stiffer

Compression
 20-30 mmHg 30-40 mmHg

Modifications

QTY.	Placement Instruction
___ Zippers
___ Closure
___ Pull-up Loops

Accessories

___ Cover (In development, eta 3rd QTR 2020)

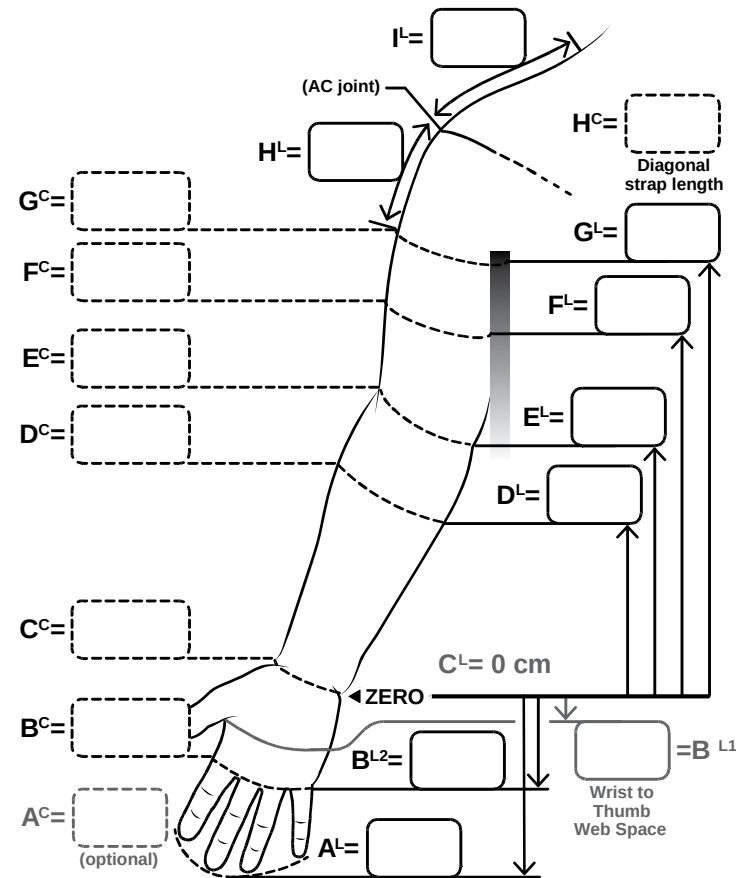
Notes:

MEASUREMENTS

(All measurements in centimeters)

C = Circumference

L = Length



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

QTY.	Placement Instruction
<input type="checkbox"/> Zippers
<input type="checkbox"/> Closure
<input type="checkbox"/> Pull-up Loops

Accessories

Cover (In development, eta 3rd QTR 2020)

Notes:

MEASUREMENTS

(All measurements in centimeters)

C = Circumference

L = Length

