

ELVAREX® Foot Caps Order Form

Patient's Name/ID Code or File #: _____
 Address: _____
 City/State/Zip: _____
 Date: _____



Fax: 877-877-8168
 Phone: 855-624-9270

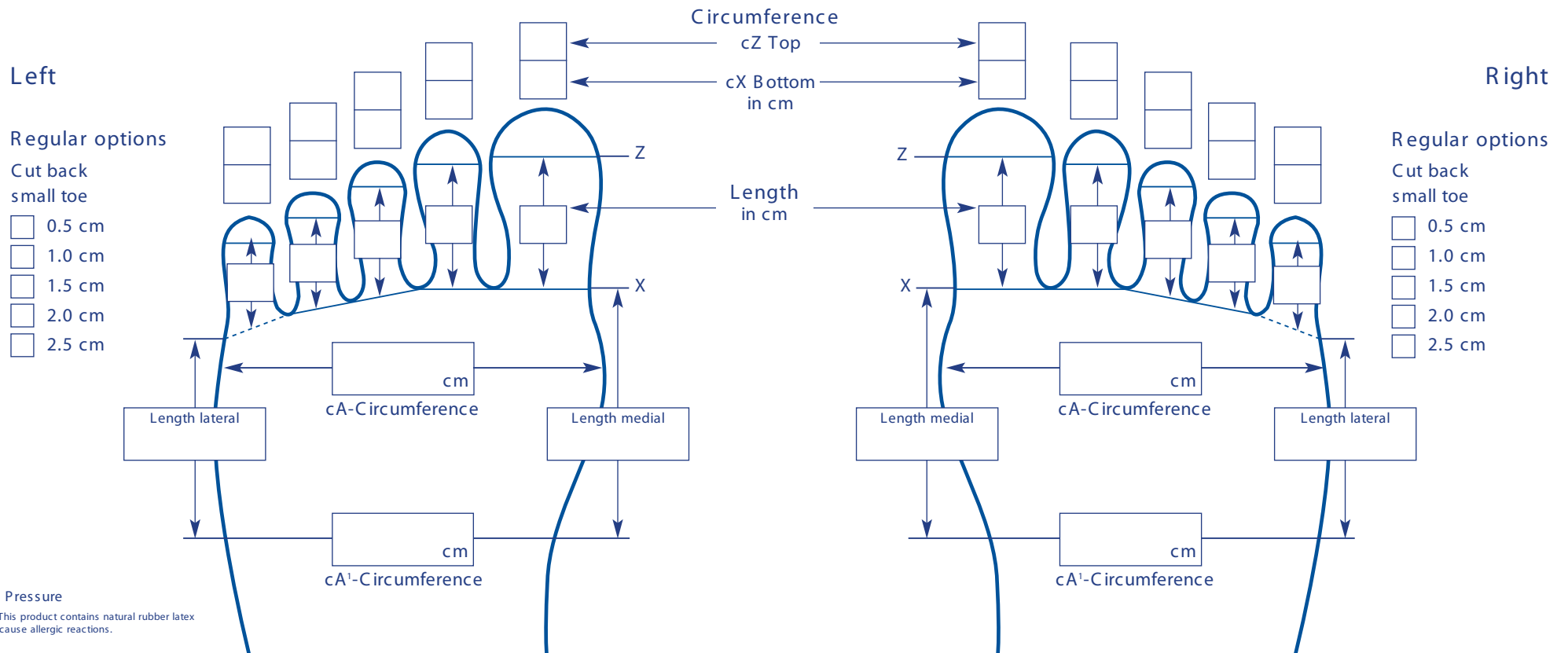
Quantity/Class	Left	Right
Elvarex 1 (18.5-21.5 mmHg*)		
Elvarex 2 (25.1-31.5 mmHg*)		
Elvarex 3 (36.1-45.5 mmHg*)		

- 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.



* Design Pressure

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