

ELVAREX® Armsleeves/Gloves Order Form

Patient's Name/ID Code or File #: _____

Address: _____

City/State/Zip: _____

Date: _____



Fax: 877-877-8168

Phone: 855-624-9270

ARMSLEEVES

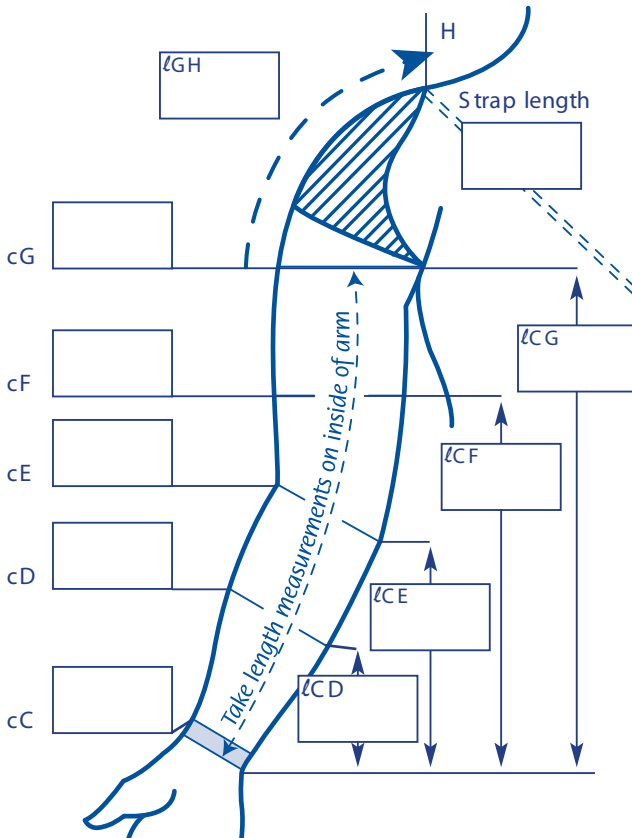
Qty./Class	Left	Right
Elvarex 1 (18.2-21.5 mmHg*)		
Elvarex 2 (25.1-31.5 mmHg*)		
Elvarex 2 Forte (25.1-31.5 mmHg*)		

- 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)



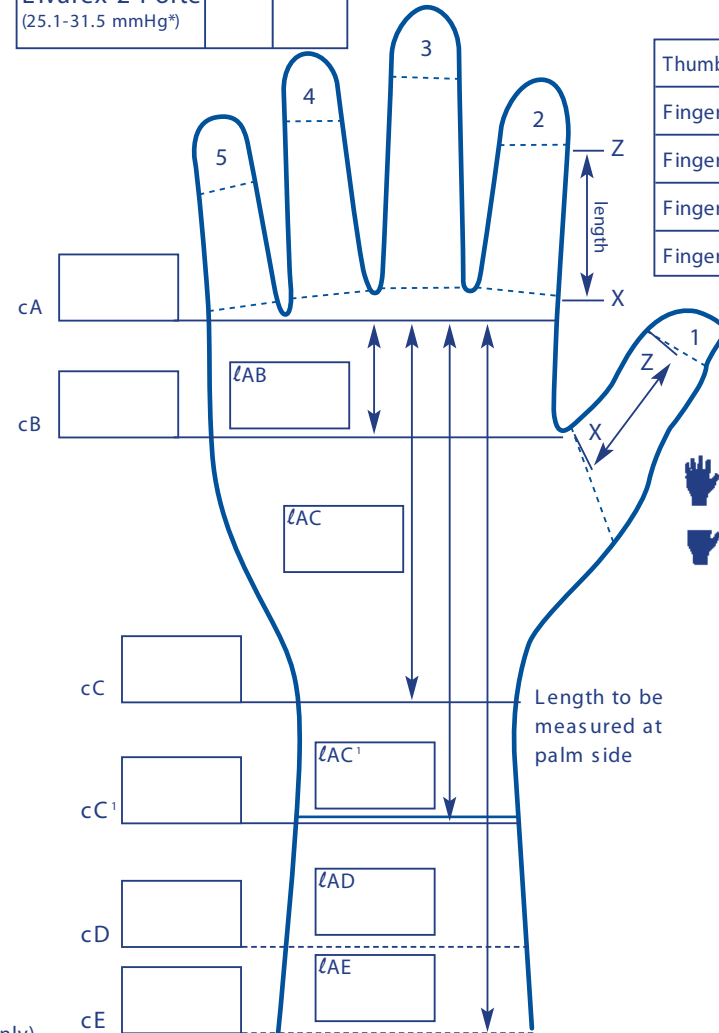
GLOVES

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)