

Patient Last Name: _____

Patient First Name: _____

Fitter Last Name: _____

Fitter First Name: _____

Date: _____



Absolute Medical. 1843 W Hubbard St #2A
Chicago, IL 60622
Tel: 312 233 2207 Fax: 866 860 9358
To Order Online: orders@absolutemedical.com
Our website: absolutemedical.com

Lower Extremity Order Form

Quantity/Class	CCL 1 18-21 mmHg*	CCL 2 23-32 mmHg*	CCL 3 34-46 mmHg*	CCL 3F 34-46 mmHg*	CCL 4 49-70 mmHg*	CCL 4S 60-90 mmHg*
Left						
Right						
Pressure panty Elvarex® (Body Bandage)						

Form 57021 must accompany this form.		
Circum. (c)	Length (l)	Length (l)
cT	K2-T	/T
cH	K1-T	/H

Basic styles

- ☐ AD Knee
☐ AF Mid-Thigh
☐ AG Thigh
☐ AG-T (AG with chapstyle)
 ☐ Piece
 ☐ Pair
☐ AG-HT 1½ Leg Pantyhose
☐ AT Pantyhose

Variations

- ☐ B'G
☐ BG
☐ FG (leg extension)
☐ GT Biker Shorts
☐ B1G-T Capri

Options

- ☐ T-Heel (Class 2-3 forte only)
☐ Profile (Not available with pocket instep)

Color

- ☐ Beige
☐ Black
☐ Cocoa
☐ Navy
☐ Grey
☐ Cranberry
☐ Graphite†
☐ Henna†
☐ Denim†

Seam Color

No charge for different seam color.

- ☐ Beige
☐ Black
☐ Cocoa
☐ Navy
☐ Grey
☐ Cranberry

Special options

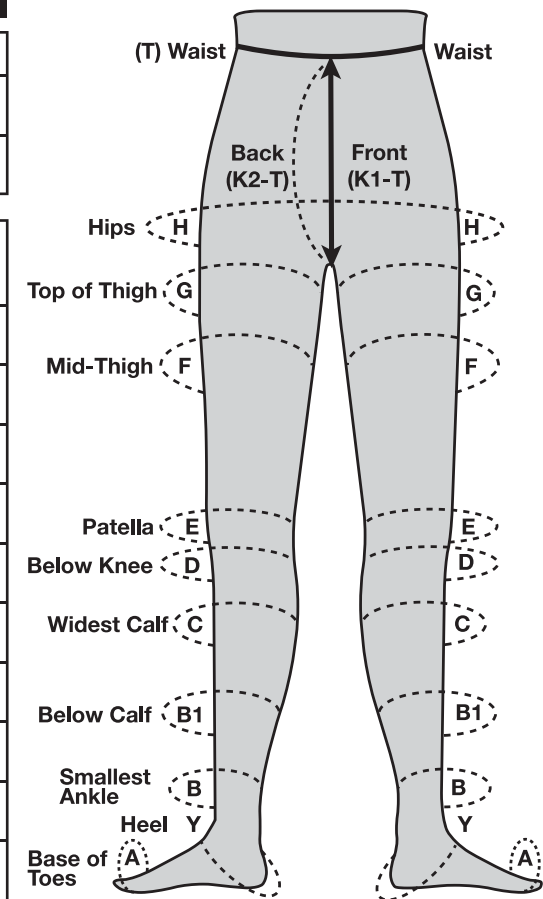
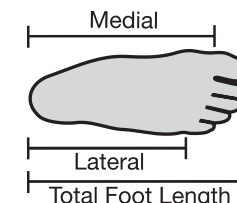
- ☐ **SoftFit band** (Only Available CCL 1-3, AD only)
☐ **Silicone dotted band 2.5cm:**
 ☐ Top
 ☐ Inside
 ☐ Inside ¾
☐ **Silicone dotted band 5cm:**
 ☐ Top
 ☐ 5cm Top waistband
 ☐ Inside
 ☐ Inside ¾
☐ **Ribbed Elastic Band 5cm:**
 ☐ On Top, Waist High Only
☐ **Sensitive Band 5cm:**
 ☐ On Top, Waist High Only
☐ **Vertical Silicone Strips AG**:**
 ☐ Front
 ☐ Back
 ☐ Both
☐ **Zipper B to D only:**
 ☐ Inside (medial)
 ☐ Outside (Lateral)
☐ **Zipper E to G only:**
 ☐ Inside (medial)
 ☐ Outside (Lateral)
☐ **Knee Comfort Zone** (Not available in CCL 1)
☐ **Pocket**
 ☐ Instep (Not Available with Profile)
 ☐ Back of Knee**
 ☐ All four sides closed
☐ **Fly for Men**
☐ **Open Pubis**
☐ **Adjustable Waistband**
☐ **Top Comfort Zone**

Circumference (c)		Length (l): Taken from each landmark to floor	
Left	Right	Left	Right
cG		/G	
cF		/F	
cE		/E	
cD		/D	
cC		/C	
cB1		/B1	
cB		/B	
cY		/A (medial)	
cA		/A (lateral)	

- ☐ **Straight Open Toe**
 Lateral Length _____ cm
☐ **Straight Closed Toe**
 Total Foot Length _____ cm

- ☐ **Slant Open Toe**
 Medial Length _____ cm
☐ Lateral Length _____ cm

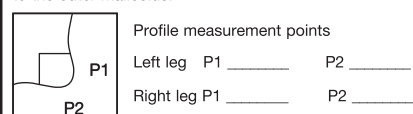
- ☐ **Slant Closed Toe**
 Medial Length _____ cm
☐ Lateral Length _____ cm
☐ Total Foot Length _____ cm



Profile Measuring Points

Point P1: horizontal circumference from the inner to the outer malleolus.

Point P2: "stirrup" or vertical circumference from the inner to the outer malleolus.



Profile measurement points

Left leg P1 _____ P2 _____
Right leg P1 _____ P2 _____

† Cannot combine with a different seam color.

Comments:

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

* **Design Pressure**
** **Not available with Knee Comfort Zone**