

# CUSTOM-MADE VASCULAR GARMENTS ORDER FORM

<b>1</b> DATE: _____ <input type="checkbox"/> ORIGINAL ORDER <input type="checkbox"/> REORDER  <b>HOT-LINE:</b> <input type="checkbox"/> YES	<b>2</b> <b>GENDER:</b> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<b>4</b> <b>DIAGNOSIS:</b> <small>Please Check Appropriate Box(es)</small> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Edema</td> <td><input type="checkbox"/> Venous Ulcer</td> </tr> <tr> <td><input type="checkbox"/> Lymphedema</td> <td><input type="checkbox"/> Varicose Veins</td> </tr> <tr> <td><input type="checkbox"/> Orthostatic Hypotension</td> <td><input type="checkbox"/> Venous Insufficiency</td> </tr> <tr> <td><input type="checkbox"/> Thrombotic Syndrome</td> <td><input type="checkbox"/> Arterial Insufficiency*</td> </tr> <tr> <td><input type="checkbox"/> Sclerotherapy/ Vein Ligation</td> <td><small>*Physician must indicate compression level on line below or system automatically assigns 25 mmHg:</small></td> </tr> <tr> <td><input type="checkbox"/> Other: List _____</td> <td>_____ mmHg</td> </tr> </table>	<input type="checkbox"/> Edema	<input type="checkbox"/> Venous Ulcer	<input type="checkbox"/> Lymphedema	<input type="checkbox"/> Varicose Veins	<input type="checkbox"/> Orthostatic Hypotension	<input type="checkbox"/> Venous Insufficiency	<input type="checkbox"/> Thrombotic Syndrome	<input type="checkbox"/> Arterial Insufficiency*	<input type="checkbox"/> Sclerotherapy/ Vein Ligation	<small>*Physician must indicate compression level on line below or system automatically assigns 25 mmHg:</small>	<input type="checkbox"/> Other: List _____	_____ mmHg
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<input type="checkbox"/> Other: List _____	_____ mmHg													
<b>3</b> <b>SEVERITY</b> <input type="checkbox"/> MILD <input type="checkbox"/> MODERATE <input type="checkbox"/> SEVERE		<b>5</b> <b>PRESCRIBED PRESSURE:</b> _____												

<b>6</b> <b>PATIENT NAME or ID#</b> _____ <small>Last Name First</small>	<b>BSN medical File Number</b> _____ <b>Date of Birth</b> _____ / _____ / _____ <small>Month Year</small>
Address _____ _____ _____	Phone # ( ) _____

<b>7</b> <b>PRESCRIBER</b> _____ Address _____	Phone # _____ Specialty _____
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<b>8</b> <b>DEALER / CLINIC / HOSPITAL</b> _____ Phone # ( ) _____ Acct. # _____ Order confirmation: Fax No. _____ or E-Mail address _____ Measured By: _____ Fitter # _____
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<b>9</b> <b>SHIP TO</b> _____ Address _____ _____ Attention _____	Acct. # _____
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<b>10</b> <b>BILL TO</b> _____ Address _____ _____ Attention _____	Acct. # _____
<input type="checkbox"/> Prepaid <input type="checkbox"/> Invoice	Same as <b>9</b> <input type="checkbox"/>
P.O. No. _____	_____

<b>11</b> <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AMEX	Expiration Date _____ Card Number _____	Auth.# _____ Card Name _____
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# CUSTOM SEAMED – ARM

PATIENT'S NAME or ID # (if Faxing Order) \_\_\_\_\_

12 STYLES / OPTIONS		QTY. LEFT	QTY. RIGHT	PRICE EACH
CAT. NO.	STYLES			
100505	Detachable Gauntlet (metacarpals to wrist)			
100515	Half Sleeve (wrist to elbow)			
100516	Half Sleeve & Gauntlet (metacarpals to elbow)			
100501	Arm Sleeve (wrist to axilla)			
100503	Arm Sleeve and Shoulder Flap			
100502	Arm Sleeve & Gauntlet (metacarpals to axilla)			
100504	Arm Sleeve, Gauntlet and Shoulder Flap			
	<b>OPTIONS</b>			
101164	Zippers (see box 14)			
101167	Lining Inside Elbow			
101168	Lining Full Elbow			
101172	Adjustable Shoulder Flap (see box 15)			
100176	Contracture Seam			
101118	1" Silicone Band			
100160	2" Silicone Band			
100150	Beige			
100158	Black			

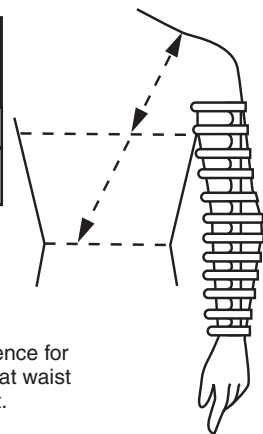
Standard length zipper is full length. If shorter zipper is desired, please indicate length from wrist.

14 ZIPPER OPTIONS		LOCATION		LENGTH	
		MARK (✓)		IN INCHES	
		LEFT	RIGHT	LEFT	RIGHT
LATERAL (radial) (outside) ASPECT	(standard)				
MEDIAL (ulnar) (inside) ASPECT					
POSTERIOR (back of hand)					
ANTERIOR (palm of hand)					

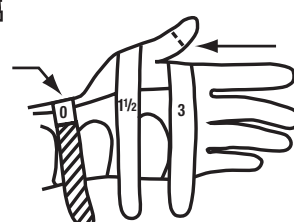
15 SHOULDER FLAP	
LEFT	RIGHT

Length diagonally from top of shoulder to waist or below breast.

Give circumference for adjustable flap at waist or below breast.



16 THUMB CIRCUMFERENCE	
LEFT	RIGHT

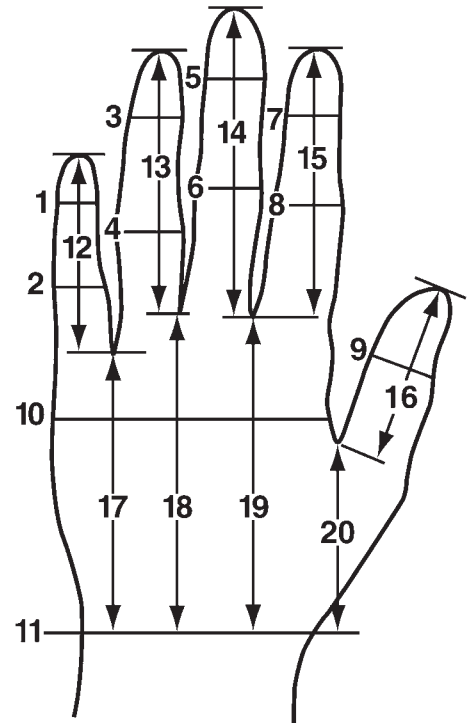


13 ARM CIRCUMFERENCES		LEFT	TAPE#	RIGHT	PLEATS
PLEATS			-6		PLEATS
			-4 1/2		
			-3		
			-1 1/2		
			WRIST 0		
			+1 1/2		
			+3		
			+4 1/2		
			+6		
			+7 1/2		
			ELBOW 9		
			+10 1/2		
			+12		
			+13 1/2		
			+15		
			+16 1/2		
			+18		
			+19 1/2		

# CUSTOM SEAMED – HAND

PATIENT'S NAME or ID # (if Faxing Order) \_\_\_\_\_

17 STYLES / OPTIONS		QTY.	QTY.	PRICE
CAT. NO.	STYLES	LEFT	RIGHT	EACH
100535	Glove to Wrist			
100534	Glove to Elbow			
100536	Interdigital Web Spacer (to be worn over glove)			
100537	Mitten			
	<b>OPTIONS</b>			
101164	Zipper (see box 19)			
101169	Slant Inserts			
100027	Pocket for Padding			
100021	Reinforced Palm or Dorsum			
100150	Beige			
100158	Black			



Should be taken from outline drawings unless fingers are contracted.

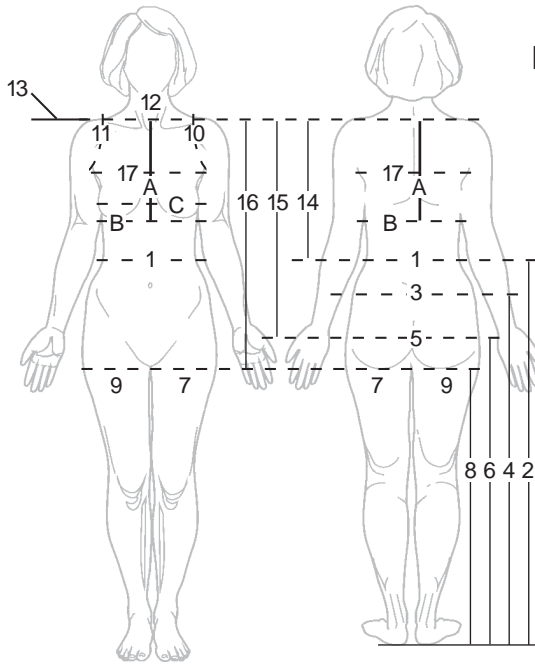
18 LENGTHS (HAND OUTLINE REQUIRED)		✓ IF OPEN	LEFT*	RIGHT*	✓ IF OPEN
Little finger to web between little finger and ring finger	12				
Ring finger to web between ring and middle fingers	13				
Middle finger to web between middle and index fingers	14				
Index finger and web between middle and index fingers	15				
Thumb to thumb web	16				
Wrist to web between little and ring fingers	17				
Wrist to web between middle and ring fingers	18				
Wrist to web between index and middle fingers	19				
Wrist to thumb web	20				

19 ZIPPER LOCATION (mark ✓)		
	LEFT	RIGHT
Dorsal (posterior)		
Ulnar (little finger) (standard)		
Palmar (anterior)		

20 CIRCUMFERENCES		LEFT*	RIGHT*
Little finger DIP	1		
Little finger PIP	2		
Ring finger DIP	3		
Ring finger PIP	4		
Middle finger DIP	5		
Middle finger PIP	6		
Index finger DIP	7		
Index finger PIP	8		
Thumb	9		
Palm	10		
Wrist	11		
1 1/2" beyond Wrist			
3" beyond Wrist			

# CUSTOM SEAMED – TORSO / HEAD

PATIENT'S NAME or ID # (if Faxing Order) \_\_\_\_\_



## 22 TORSO / BODY MEASUREMENTS

	CIRCUM	HEIGHT
Desired Top of Support		
Waist	1	2
Midpoint Between 1 & 5	3	4
Largest Part of Buttocks	5	6
Proximal Thigh Left (at fold of buttocks)	7	8
Proximal Thigh Right (at fold of buttocks)	9	8
Left Shoulder	10	
Right Shoulder	11	
Neck	12	
Shoulder Width		13
Shoulder to Waist		14
Shoulder to Largest Part of Buttocks		15
Shoulder to Fold of Buttocks		16
Chest	17	
Shoulder to Just Under Breast	A	
Circumference Just Under Breast	B	
Circumference Over Nipple Line	C	
Shoulder to End of Support		
Circumference at End of Support		

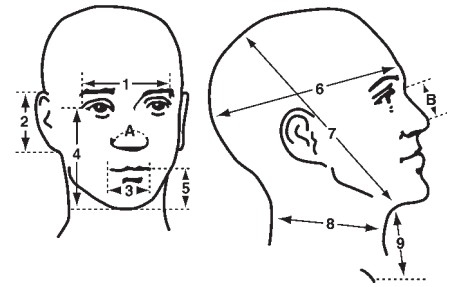
21	STYLES		
CAT. NO.	STYLES	QTY.	PRICE EACH
100525	Sleeveless Vest	1, 10-14, 17	
100524	Vest - 1 Long Sleeve and 1 Short Sleeve	1, 10-14, 17 +arm(s)	
100526	Vest - 2 Short Sleeves	1, 10-14, 17 +arm(s)	
100527	Vest - 2 Long Sleeves	1, 10-14, 17 +arm(s)	
100530	Sleeveless Body Brief	1, 5, 7, 9-17	
100531	Body Brief with Sleeves	1, 5, 7, 9-17 + arm(s)	
100558	Sleeveless Body Suit	1, 5, 7, 9-17 + leg(s)	
100560	Body Suit with Sleeves	1, 5, 7, 9-17 + arm(s) & leg(s)	
101163	Velcro® Tabs		
101118	1" Silicone Elastic (Beaded Dot Silicone band)		
100160	2" Silicone Elastic (Beaded Dot Silicone band)		
100150	Beige		
100158	Black		

If arm or leg measurements are required go to arm or lower extremity section(s).

23	TORSO / BODY DESIGN CHOICES										
	Front Closure Zipper	Front Closure Velcro	Back Closure Zipper	Back Closure Velcro	Open Axilla LT RT	Meshed Axilla LT RT	Self Axilla LT RT	V Neck	Turtleneck	Scoop Neck	
(✓) If Yes											

## 24 HEAD MEASUREMENTS

Width of Eyes	1		
Length of Ear	2		
Width of Mouth	3		
Chin to Eyes	4		
Chin to Mouth	5		
Circ. above Eyebrow	6		
Around Head at Chin Angle	7		
Circ. of Neck	8		
Throat to Sternal Notch	9		
Nose Covering Across Tip	A		
Nose Covering Length	B		



## 25 STYLES / OPTIONS

CAT. NO.	STYLES	QTY.	PRICE EACH
100540	Face Mask		
101158	Open Face Mask		
100550	Chin Strap		
100549	Modified Chin Strap (extends behind ear)		
<b>OPTIONS</b>			
101165	Nose Covering		
101166	Lip Covering		
100150	Beige		
100158	Black		

# CUSTOM SEAMED – LOWER EXTREMITIES

## 26 LEG CIRCUMFERENCES

LEFT	TAPE#	RIGHT
	-7½	
	-6	
	-4½	
	-3	
	-1½	
	HEEL	
	0	
	+1½	
	+3	
	+4½	
	+6	
	+7½	
	+9	
	+10½	
	+12	
	+13½	
	+15	
	+16½	
	+18	
	+19½	
	+21	
	+22½	
	+24	
	+25½	
	+27	
	+28½	
	+30	
	+31½	
	+33	
	+34½	
	+36	

Pleat at end of foot only (2 max.)

Pleat at top only (1 max.)

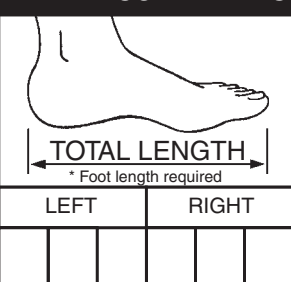
PATIENT'S NAME or ID # (if Faxing Order) \_\_\_\_\_

## 27 STYLES / OPTIONS / COLORS

CAT. NO.	STYLES	QTY. LEFT	QTY. RIGHT	QTY. OTHER	PRICE EACH
100105	Anklet				
100101	Knee Length				
100201	Thigh Length				
Waist Height: See Box #22 for Body Measurements					
101101	Waist Height / Two Legs / Closed Pubis				
101102	Waist Height / Two Legs / Open Pubis				
101103	Waist Height / One Leg / Open Pubis				
101104	Maternity, _____ month of Pregnancy				
101112	Waist Height / One Leg Panty, Open Pubis				
101113	Waist Height / One Leg Panty, Closed Pubis				
100035	Chap Style / One Leg				
100036	Chap Style / Two Legs				
<b>Colors</b>					
100150	Beige				
100158	Black				
<b>Options</b>					
101187	Reinforced Heel				
101188	Full Ankle Lining (including heel)				
101186	Reinforced Knee				
100040	Lining behind knee				
101159	Self-material Enclosed Toe (see box 28)				
101160	Soft Enclosed Toe				
101164	Zippers (see box 29)				
101108	Zipper Pull (Plastic)				
101161	Reduced Panel Abdominal Panel				
101162	Attached Suspenders (under age 6, no charge)				
101185	Reinforced Inner Thigh & Perineum				
101177	Oversize Charge (50" to 59 7/8")				
100031	Oversize Charge (60" to 69 7/8")				
100042	Oversize Charge (70" or greater)				
101118	1" Silicone Band				
100160	2" Silicone Band				
101163	1" Velcro® Tabs (Waist height only)				
100176	Contracture Seam				

INDICATE THE FULL LEG

## 28 FOOT MEASUREMENTS



## 29 ZIPPER OPTIONS

	LOCATION		LENGTH	
	MARK (✓)		IN INCHES	
	LEFT	RIGHT	LEFT	RIGHT
LATERAL (outside) ASPECT (standard)				
MEDIAL (inside) ASPECT				
IN BODY ONLY (waist height only)				

# FAX YOUR ORDER FORM

U.S.A. 1-866-860-9358

## ORDER SUMMARY

SUBTOTAL	\$	.
Add Hot-Line Service Fee - 30% of Subtotal is Applicable		.
POSTAGE & HANDLING		.
SERVICE FEE		.
\$15 OPTIONAL OVERNIGHT SHIPPING		.
INTERNATIONAL SHIPPING COST		.
(TAXABLE) SUBTOTAL		.
ADD APPLICABLE SALES TAX		.
ADDITIONAL TAX (if any)		.
<b>TOTAL</b>	<b>\$</b>	<b>.</b>

Please enclose remittance or P.O., payable in U.S. funds or their equivalent. Sorry, NO C.O.D.'s

## COMMENTS

COMMENTS \_\_\_\_\_

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