



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

Patient Last Name: _____ Patient First Name: _____

Fitter Last Name: _____ Fitter First Name: _____

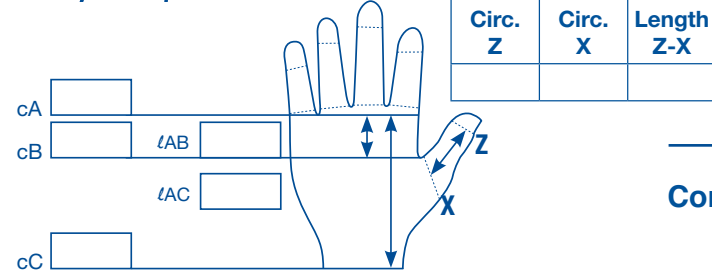
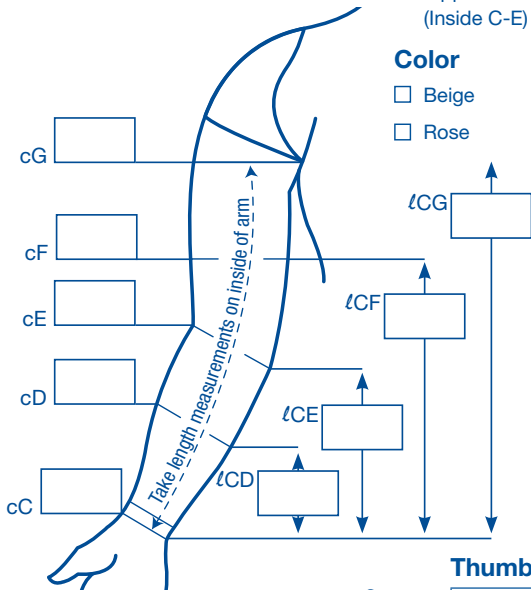
Date: _____

Relax Order Form

Armsleeves

Quantity/Class	CCL 1 (15-20 mmHg*)
Left	
Right	

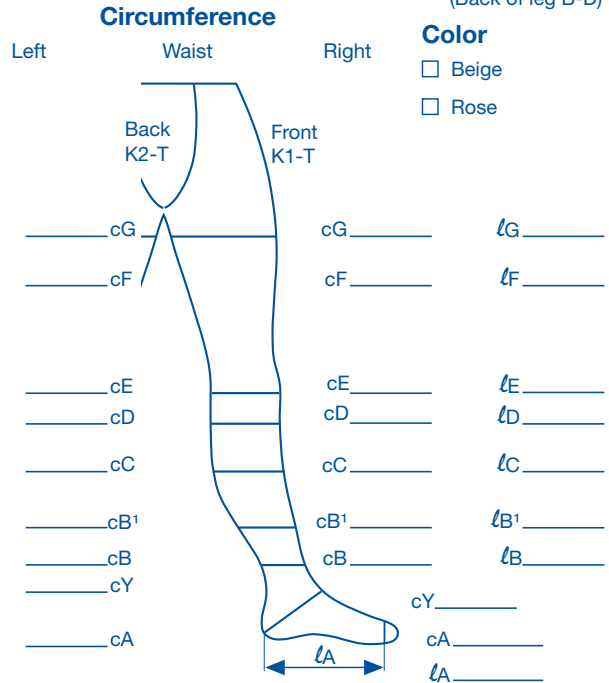
- Style**
- C-GI
 - A - GI gauntlet
- Options**
- Zipper
(Inside C-E)
- Color**
- Beige
 - Rose



Lower Extremities

Quantity/Class	CCL 1 (15-20 mmHg*)	CCL 2 (20-30 mmHg*)
Left (AD and AG)		
Right (AD and AG)		

- Basic styles**
- Knee High
 - Thigh High
- Options**
- Zipper
(Back of leg B-D)
- Color**
- Beige
 - Rose



Comments: _____