# Custom Hip Hugger & Hip Hugger Combi Order Form

**ORDER SPECIFICATIONS:**

- [ ] Quote Only  
- [ ] Quote & Proceed  
- [ ] Reseller Pricing  
- [ ] Retail Pricing

**Rush Order Options:**

- [ ] 5 Day Rush - 15% Up-Charge
- [ ] 48 Hour Rush - 25% Up-Charge

**PREFERRED SHIPPING METHOD:**

- [ ] UPS 3rd Party Billing
- [ ] Most Cost Effective
- [ ] USPS Priority Mail®  
  *Small or Medium flat rates
- [ ] UPS Ground
- [ ] UPS 3 Day Select  
  *Not available for AK or HI
- [ ] UPS 2nd Day Air
- [ ] UPS Next Day Air

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<table>
<thead>
<tr>
<th>Hip Hugger Organic Cotton/Lycra® Color Options</th>
<th>Hip Hugger Combi Organic Cotton/Lycra® with Techsheen Color Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
<td>Black/Black</td>
</tr>
<tr>
<td>Ivory</td>
<td>Ivory/Buff</td>
</tr>
<tr>
<td>Royal Blue</td>
<td></td>
</tr>
</tbody>
</table>

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**comments:**

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**Patient Last Name:** ____________  
**Patient First Name:** ____________

**Fitter Last Name:** ____________  
**Fitter First Name:** ____________

**Date:** ________________
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Previous Patient?  □ Yes  □ No  □ Primary or  □ Secondary Lymphedema

K1 thru G to K2 is measured from center front waist through the crotch up to center back waist.

K1 thru G to K2 is measured from center front waist through the crotch up to center back waist.
Custom Foot Tracing

Sketch a dotted line to indicate where the garment should end.

Total length of foot in ____ cm

Place foot directly over this guide, with tip of big toe at “A” landmark. With a black pen, trace around each toe and as much of the foot as will fit on the paper. Use a ruler or measuring tape starting at “A” landmark to determine total length of foot.

Patient Name: ____________________
Fitter Name: ____________________
Date: __________________________