



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: _____

Custom Leg Garment Order Form

ORDER SPECIFICATIONS:

☐ Quote Only ☐ Quote & Proceed ☐ Reseller Pricing ☐ Retail Pricing

Rush Order Options:

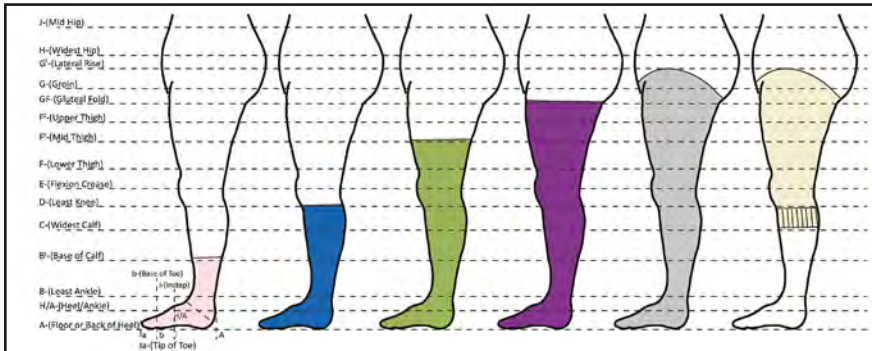
☐ 5 Day Rush - 15% Up-Charge ☐ 48 Hour Rush - 25% Up-Charge

PREFERRED SHIPPING METHOD:

☐ UPS 3rd Party Billing (3rd Party Billing will have a \$5 handling fee)

☐ Most Cost Effective ☐ USPS Priority Mail® Small (\$6) or Medium (\$12) Flat Rate boxes ☐ UPS® Ground (\$13*) ☐ UPS 3 Day Select® (\$26*) *Not available for AK or HI* ☐ UPS 2nd Day Air® (\$30*) ☐ UPS Next Day Air® (\$57*)

* UPS shipping prices listed are for contiguous 48 US states only. Shipments to residential addresses will have additional \$7 charge.



AB1 ☐ **AD** ☐ **AF1** ☐ **AG** ☐ **AG1** ☐ **DG1** ☐

Organic Cotton/Spandex Options

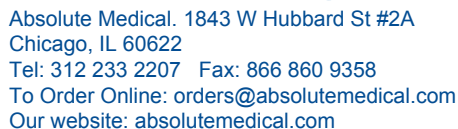
Black Ivory
Royal Blue

Polartec® Power Dry® Options

Black Buff
French Blue Glacier Blue
Leaf Green (X-Static®) Navy Blue
Pink Plum
Royal Blue Stainless Steel
White (soft pink hue)

Techsheen Options (ADVI Combi & ComfyBoot)

Black Ivory

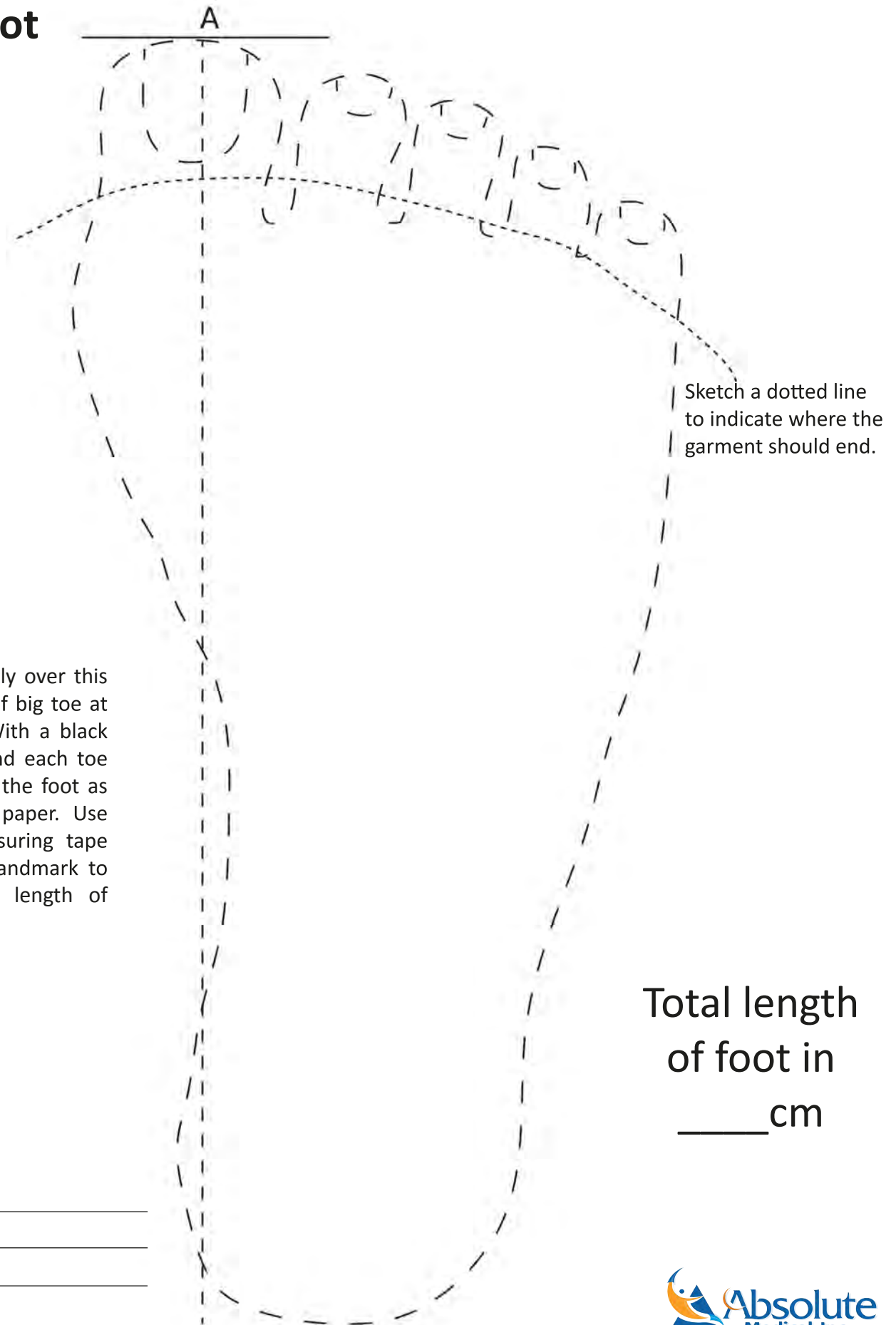


Date: _____

Comments: _____

Custom Foot Tracing

Right Foot



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.

Total length
of foot in
_____cm

Patient Name: _____

Fitter Name: _____

Date: _____

Custom Foot Tracing Left Foot

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: _____