

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 3 <sup>rd</sup> Party Billing (3 <sup>rd</sup> Party Billing will have a \$5 handling fee)					
Most Cost Effective Small (\$6) or Medium (\$12) Ground (\$13*)					
* UPS shipping prices listed are for contiguous 48 US states onl	y. Shipments to residential addresses will have additional \$7 charge.				
14(M(4)4)(9)	\\\\\\\\\\\\\				
14-(Virgina Hip), 01-(Uingreal Ree) 0-(Griffold)	Black Ivory				
GF (Gluce) Fold). F-Upper (Third)	Royal Blue				
F-(Myd,Thigh) F-(loyels Thigh)	Polartec ®Power Dry ®Options				
E-(Flyrion_Critis) D -(Least Strip)_	Black Buff				
C-(Wider Call)	French Blue Glacier Blue				
B-(Base of Calf) b-(Base of Sac) b-(Base of Sac) [-10n(sac)	Leaf Green (X-Static®) Navy Blue				
HA-Preed Ancies  A-Propor or Buck of Free II (IA)	Pink Plum				
sa-(Tip of Toe)	Royal Blue Stainless Steel				
AB1 AD AF1 AG AG1	DG1 White (soft pink hue)				
	Techsheen Options (ADVI Combi & ComfyBoot)				
	Black				



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## **Custom Leg Garment Order Form**

		G1 Lateral Rise O	ntions:	Styles
rcumference	Please record measurements in centimeters.	3"	5" Leg Leng	sths Standard Leg Garmen
Left Right	in centimeters.	11	medially	ADVI (AD)
	G (Groin)	<b>G</b>	A to G	ADVI Combi (AD)
	200	-2		ComfyBoot (AD)
	F <sup>2</sup> (Upper Thigh) F <sup>1</sup> (Mid Thigh)	F <sup>2</sup>	A to F <sup>1</sup>	InnaBoot (AD or AG) Available in Cotton on
		1		No Charge Option
	F (Lower Thigh)	E	A to F	Cover to tips of toes
		) /		Two Blend Foam (Low
	E (Flexion Crease)	E	A to E	Flat Posterior Seam
	D (Least Knee)	\ <u>\</u> \-	A to D	Available only if all circumferences are 24 or larger
	C (Widest Calf)	C	A_to_C_	- Johnston
	D1 (D			Additional Charge Options
	B <sup>1</sup> (Base of Calf)	B <sup>1</sup>	A_to_B¹	JoViJacket  Black White
	b-(Base o	-(instep)		Safety Sok (matching
	- B (Least Ankle)	В.	A to B	fabric with non-slip so
	H/A (Heel/Ankle)	H/A		ADVI Foot Style (unpadded sole)
	a-(Tip of Toe)			Zipper - ankle to knee
	i (Instep) a bi	i A	(Uasita instan)	Zipper - knee to groin
	b (Base of little toe)		(Heel to instep)  (Heel to base of toe)	Dorsum Pad (sewn in) Additional pressure or dorsum of foot
			Total Foot Length	Malleolus Pad (sewn in Additional pressure an malleous  Medial Late
	arges will be added for			Donning Loops
ermined by the patt			this occurs. If the patier	nt has Pull Tabs (InnaBoot or
ments:	ieg lobules, pl	ease send photos.		Dycem® - donning aid
				Easy-Slide - donning a
				Prepaid Reduction Op

**Custom Foot Tracing Right Foot** Sketch a dotted line to indicate where the garment should end. 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: \_

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Custom Foot	Tracing	171-1	111	1 7
Left Foot		1'-1,	111	/ [
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to indicate where the garment should end.	4		1	1
garment snould end.	T		i	1
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	\		,1	Place foot directly over this
	1		1.1	guide, with tip of big toe at
	1		1.1	"A" landmark. With a black pen, trace around each toe
	1		1 1	and as much of the foot as
	1		10	will fit on the paper. Use a ruler or measuring tape
Total length	1		1 1	starting at "A" landmark to
of foot in	λ.		11	determine total length of foot.
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Fitter Name:		1	1	
Date:		\ \ \	1	(Alacaluta
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