

Tel: 312 233 2207 Fax: 866 860 9358 To Order Online: orders@absolutemedical.com

Our website: absolutemedical.com

Chicago, IL 60622

Patient Last Name: _____ Patient First Name: _____

Fitter Last Name: ______ Fitter First Name: _____

Date: _____

Custom Vest Order Form

ORDER SPEC	IFICATION	S:								
Quote Only		Quote & Proceed		Reseller Pricing		Retail Pricing				
Rush Order	Options:									
5 Day Rush	- 15% Up-Cha	rge		48 Hour Rush - 25% Up-Charge						
PREFERRED	SHIPPING	METHOD:	UPS 3 rd Party	/ Billing (3 rd Party Billin	ng will have a \$5 I	nandling fee)				
Most Cost Effective	USPS Priority Mail [®] Small (\$6) or Medium (\$12) Flat Rate boxes		UPS [®] Ground (\$13*)	UPS 3 Day Select [®]		UPS 2nd UPS Nex ay Air [®] (\$30 [*]) Day Air [®] (\$57				
* UP	S shipping prices lis	ted are for contig	uous 48 US states only.	Shipments to residential a	addresses will hav	e additional \$7	charge.			
Channel C Horizo		Options ontal	Channel Options Vertical		Half Padding Options					
Vest	Vest Organic CottonColor Options									
6.		В	lack	lvory		Royal				
Vest with JoViJ	askat	Comment	:S:							



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	🗌 Left 🗌 R	light			
	Mastectomy 🗌 Left	t 🗆 Right	Reconstruction	Left	Right
Circumferences	. 1	1	Lengths	5	
R (Torso at Axilla) N (Largest Chest) M (Xyphoid Proce			K to R K to N K to N K to M	Half Padding	Right Side Control Control Co
L (Lowest Rib)		┊╢╧╡╴┦╴	K to L	No Cha	rge Options
K (Natural Waist)			Natural Waist = 0) Lengths should be taken	Slimlir	ne (more channels ss foam)
J (Mid Hip)			at the side of the torso,	Two Bl	end Foam (Low ILD)
			starting at the waist, measuring up to the axilla.	End ga	arment at waist
		(for Cro from c	ough Groin to K otch Strap option only - measured center front waist through the and up to center back waist)		

Comments:

