



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: _____

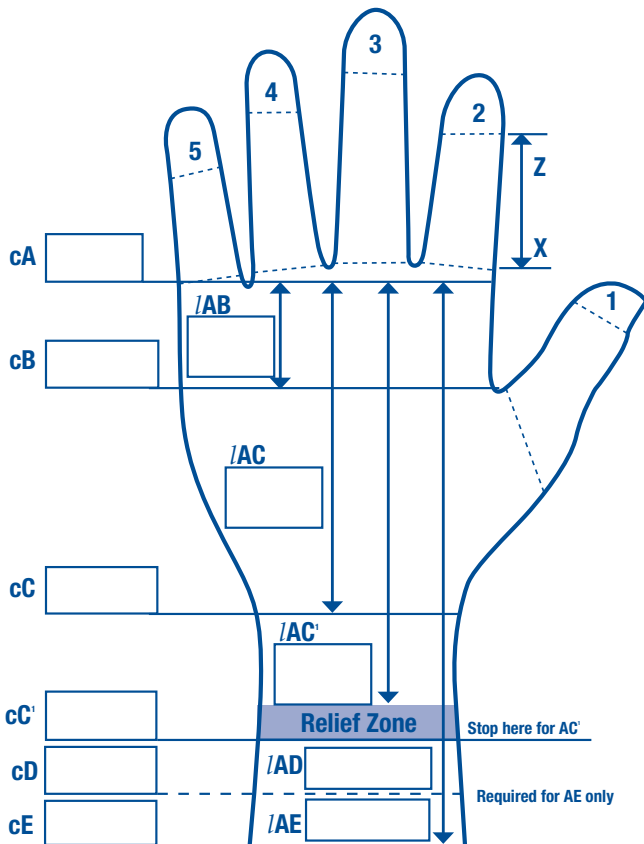
Fitter Last Name: _____ Fitter First Name: _____

Date: _____

Glove/Gauntlet Order Form

Elvarex[®], Elvarex[®] Plus, Elvarex[®] Soft Seamless

Elvarex^{®**} <input type="checkbox"/> Beige <input type="checkbox"/> Cranberry <input type="checkbox"/> Black <input type="checkbox"/> Caramel <input type="checkbox"/> Honey (CCL 1, 2 only)	Elvarex[®] Soft Seamless <input type="checkbox"/> Beige <input type="checkbox"/> Cranberry <input type="checkbox"/> Grey <input type="checkbox"/> Black <input type="checkbox"/> Cherry <input type="checkbox"/> Cocoa <input type="checkbox"/> Honey <input type="checkbox"/> Navy	Elvarex[®] Plus <input type="checkbox"/> Beige <input type="checkbox"/> Cranberry <input type="checkbox"/> Black <input type="checkbox"/> Caramel <input type="checkbox"/> Honey	Qty/Class Left Right	CCL1 (18-21mmHg)	CCL2 (23-32mmHg)	CCL2F (23-32mmHg)
Style <input type="checkbox"/> AC' Glove <input type="checkbox"/> AE Glove to Elbow >13 cm past wrist <input type="checkbox"/> AC' Gauntlet <input type="checkbox"/> AE Gauntlet to Elbow >13 cm past wrist			Pocket[†] <input type="checkbox"/> Back of hand <input type="checkbox"/> Palm		Zipper[†] <input type="checkbox"/> Back of hand <input type="checkbox"/> Palm	



	Circ. Z	Circ. X	Length Z-X
Thumb 1			
Finger 2			
Finger 3			
Finger 4			
Finger 5			

* Design Pressure

† Only available in Elvarex[®]

****CAUTION:** This product contains natural rubber latex which may cause allergic reactions.



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