

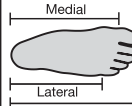


Absolute Medical. 1843 W Hubbard St #2A
 Chicago, IL 60622
 Tel: 312 233 2207 Fax: 866 860 9358
 To Order Online: orders@absolutemedical.com
 Our website: absolutemedical.com

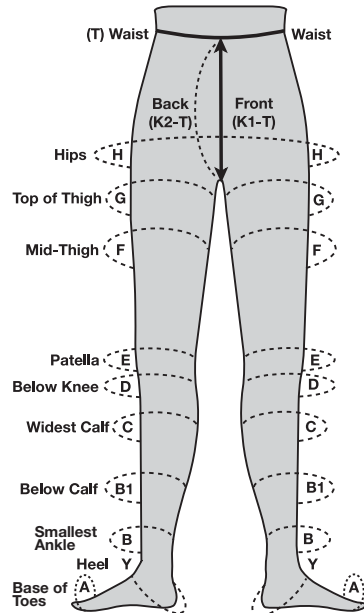
Patient Last Name: _____ Patient First Name: _____
 Fitter Last Name: _____ Fitter First Name: _____
 Date: _____

Elvarex® Soft Lower Extremity Order Form

Quality	Color	Seam Color	Quantity/Class	CCL1 18-21 mmHg*	CCL2 23-32 mmHg*	CCL3 34-46 mmHg*
<input type="checkbox"/> Elvarex® Soft (CCL1-3)	<input type="checkbox"/> Black <input type="checkbox"/> Beige <input type="checkbox"/> Cocoa <input type="checkbox"/> Cherry <input type="checkbox"/> Navy <input type="checkbox"/> Grey <input type="checkbox"/> Cranberry	<input type="checkbox"/> Black <input type="checkbox"/> Beige <input type="checkbox"/> Cocoa <input type="checkbox"/> Cherry <input type="checkbox"/> Navy <input type="checkbox"/> Grey <input type="checkbox"/> Cranberry	Left _____ Right _____ Body Bandage _____			

Styles	Foot Diagram
<input type="checkbox"/> AD Knee <input type="checkbox"/> AG Thigh <input type="checkbox"/> AG-T Chap: <input type="checkbox"/> pc. <input type="checkbox"/> pr. <input type="checkbox"/> AT Pantyhose <small>AT Pantyhose must be all one compression class. All leg lengths must be equal.</small>	 <input type="checkbox"/> Straight Open Toe Length <input type="checkbox"/> Slant Open Toe Length <input type="checkbox"/> Slant Closed Toe Length <input type="checkbox"/> Straight Closed Toe Length Lateral _____ cm Medial _____ cm Total Foot _____ cm

Circum. (c)	Length (l)	Length (l)	Variations	Special Options
cT	K2-T	lT	<input type="checkbox"/> B1G-T <input type="checkbox"/> FT Biker Short <input type="checkbox"/> BG-T	<input type="checkbox"/> T-Heel <input type="checkbox"/> Adj. waistband <input type="checkbox"/> Open pubis
cH	K1-T	lH		
Circumference (c)		Length (l): Taken from each landmark to floor		<input type="checkbox"/> Silicone Band On Top 2.5cm (A-D Only) 5cm AG-T Not available with Silicone band. AT Pantyhose must be all one compression class. All leg lengths must be equal.
Left	Right	Left	Right	<input type="checkbox"/> SoftFit band (A-D Only)
cG		lG		Pocket <input type="checkbox"/> In-step <input type="checkbox"/> Back of knee <input type="checkbox"/> All four sides closed
cF		lF		
cE		lE		
cD		lD		
cC		lC		
cB1		lB1		
cB		lB		
cY		lA (medial)		
cA		lA (lateral)		



* Design Pressure
 All measurements should be in centimeters.

Comments: _____

