

Patient Name / ID Code or File # \_\_\_\_\_ DOB \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Gender M  F

City/State/Zip \_\_\_\_\_

Diagnosis \_\_\_\_\_

Doctor/Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

PO#	
Original Order <input type="checkbox"/>	Reorder w Changes <input type="checkbox"/>
Exact Reorder <input type="checkbox"/>	Schema # _____

Fitter Name \_\_\_\_\_ Fitter # \_\_\_\_\_ Fitter Phone \_\_\_\_\_

Fitter Facility \_\_\_\_\_ Email \_\_\_\_\_

Ship To Acct # \_\_\_\_\_ Acct Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Bill To Acct # \_\_\_\_\_ Acct Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Confirmation Fax # \_\_\_\_\_  Last 4 digits of credit card on file OR Exp. \_\_\_\_\_

Email \_\_\_\_\_  New card - call to provide credit card # Billing Zip \_\_\_\_\_

By choosing communication via email (above), I acknowledge that Personal Health Information associated with this purchase may be transmitted from BSN in a non-encrypted manner.

**Color**

Beige  Caramel  Anthracite Heather  
 Black  Jeans Heather  Red Heather

Quantity/Class	CCL1 (18-21mmHg*)	CCL2 (23-32mmHg*)	CCL3 (34-46mmHg*)
Left			
Right			

**Special Options**

Lateral Rise =10% of circumference at D and is not adjustable (ex: if cD is 35cm then lateral rise is 3.5cm)

Ankle Comfort Zone

**Decorative Options**

Decorative Line (Front of garment)

Patient Initials Max 2 letters (A-Z) \_\_\_\_\_

**Band Options**

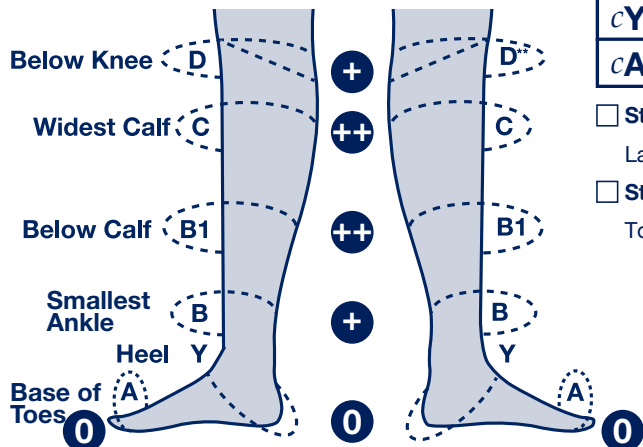
Without Silicone

SoftFit Band AD  
NOTE: this is a 5cm band

## Measuring Guidelines

(Only applicable for Confidence)  
See Leg Diagram for applicable tension at each landmark.

- 0 no tension
- + light tension
- ++ heavy tension



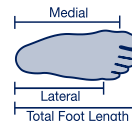
Circumference (c)		Length (l) • Taken from each landmark to floor	
Left	Right	Left	Right
cD		lD	
cC		lC	
cB1		lB1	
cB		lB	
cY		lA (medial)	
cA		lA (lateral)	

Straight Open Toe Length     Slant Open Toe Length     Slant Closed Toe Length

Lateral \_\_\_\_\_ cm    Medial \_\_\_\_\_ cm    Medial \_\_\_\_\_ cm

Straight Closed Toe Length    Lateral \_\_\_\_\_ cm    Lateral \_\_\_\_\_ cm

Total Foot \_\_\_\_\_ cm    Total Foot \_\_\_\_\_ cm



\* Design Pressure  
\*\* See Special Options for lateral rise