

PATIENT INFORMATION

Name:

Therapist /Fitter: Name:

Email:

Phone Number: Order Date:

Phone Number:

Reorder of Order #: Measurement Date:

GARMENT

Style PD - LE -

Left Leg Right Leg

Compression

20-30 mmHg 30-40 mmHg

Other

Modifications Placement Instruction

No Silicone 1/2 Silicone Silicone

Zippers

BILLING INFORMATION Quote Only

Business Name:

Phone: Fax:

Contact Name:

Account #: P.O. #:

Payment:

Credit card Net 30

Card #:

Exp: SID:

SHIPPING INFORMATION

Shipping:

Requested Delivery Date:

Standard Priority

Ship to:

Attn:

Street:

City: State: Zip:

Phone:

Email:

(for shipping notification)

MEASUREMENTS

(All measurements in centimeters)

C = Circumference

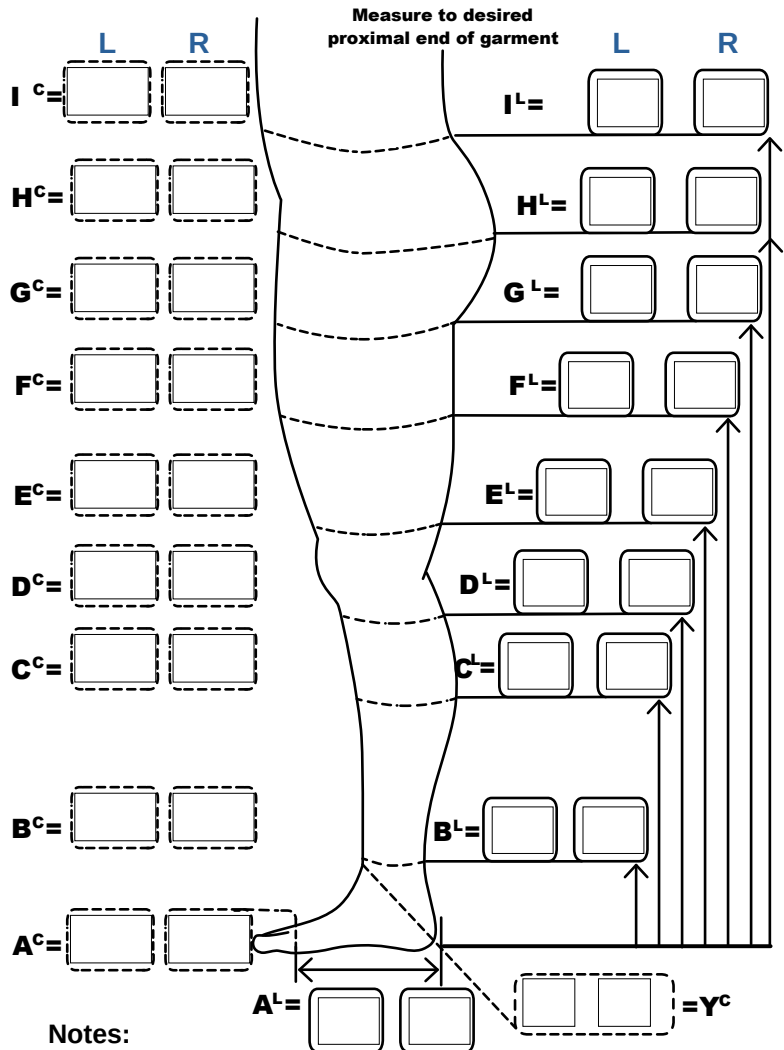
L = Length

Pants Straddle Measurements

Posterior

Anterior

For Pants, use both Left (L) and Right (R) Columns



Notes: