

Patient Name / BSN File # _____ DOB _____

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 _____ Fitter email _____

Ship To Name _____ Facility _____
 Address _____ City _____ State _____ Zip _____
 Email _____ Phone _____ FAX _____

Notes:

Armsleeves

Quantity/Class	CCL 1 (15-20 mmHg*)
Left	
Right	

Style

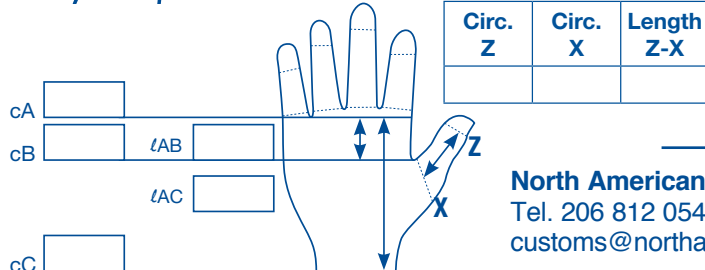
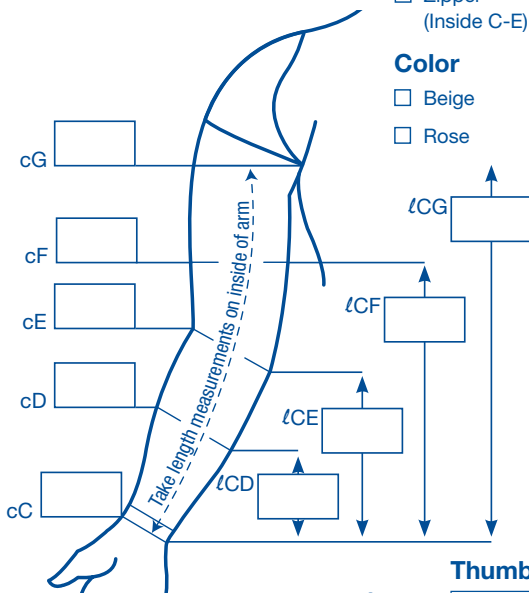
- C-GI
- A - GI gauntlet

Options

- Zipper (Inside C-E)

Color

- Beige
- Rose



Lower Extremities

Quantity/Class	CCL 1 (15-20 mmHg*)	CCL 2 (20-30 mmHg*)
Left (AD and AG)		
Right (AD and AG)		

Basic styles

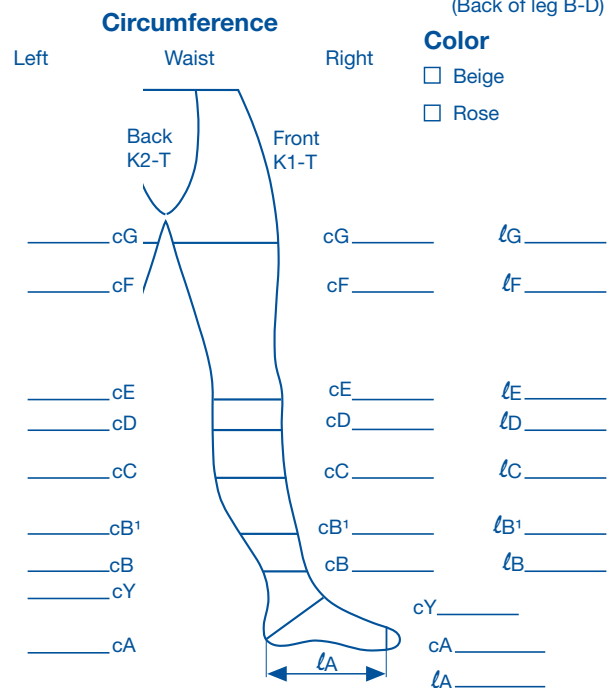
- Knee High
- Thigh High

Options

- Zipper (Back of leg B-D)

Color

- Beige
- Rose



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