

Elvarex® Soft Order Form

Lower Extremity



225-273-1900 Fax 225-273-5555

Patient: First Name _____ Last Name _____

Fitter: _____ Clinic _____

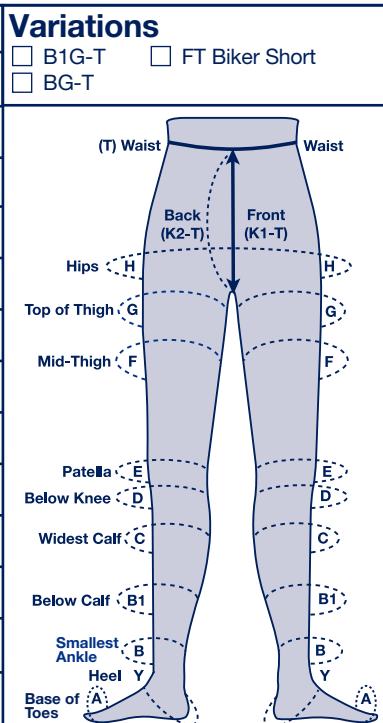
Fitter Title _____ (PT/OT/PTA) Date: _____

info@stillmeinc.com

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

Styles <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 Lateral _____ cm Total Foot _____ cm	<input type="checkbox"/> Slant Open Toe Length Medial _____ cm Lateral _____ cm Total Foot _____ cm	<input type="checkbox"/> Slant Closed Toe Length Medial _____ cm Lateral _____ cm Total Foot _____ cm
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Circum. (c)		Length (l)		Length (l)	
cT		K2-T		/T	
cH		K1-T		/H	
Circumference (c)		Length (l): Taken from each landmark to floor			
Left	Right	Left	Right	Left	Right
cG		/G			
cF		/F			
cE		/E			
cD		/D			
cC		/C			
cB1		/B1			
cB		/B			
cY		/A (medial)			
cA		/A (lateral)			



Special Options	
<input type="checkbox"/> T-Heel <input type="checkbox"/> Adj. waistband <input type="checkbox"/> Open pubis	
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.	
<input type="checkbox"/> SoftFit band (A-D Only)	
Pocket	
<input type="checkbox"/> In-step <input type="checkbox"/> Back of knee <input type="checkbox"/> All four sides closed	

All measurements should be in centimeters.
 * Design Pressure
 ** Seam colors only available when main garment color is beige.
NOTE: Garments ordered in black and beige have an estimated arrival time of 4-5 business days from the date submitted. All colors have an estimated arrival time of 7-10 business days from the date submitted.