

Early Impressions™ Leg Order Form

1 Patient Information

Name: _____ Phone Number: _____ Age: ____ Height: _____ Weight: _____
 Therapist/Fitter: Name: _____ Phone Number: _____ Email: _____

2 Garment Design

Style Right Leg Left Leg LE - _____

Channeling Chevron Vertical

Profile Original Low

Color Black Slate Purple Raspberry

Modifications

QTY.	Notes/Placement Instruction
___ Zippers	_____
___ VELCRO® fastener	_____
<input type="checkbox"/> Closure	_____
<input type="checkbox"/> Adjustable panels*	_____
___ Non-skid pads	_____
___ Pull-up loops	_____
___ Snap tape	_____

Accessories

- ___ Variable Compression Jacket (VCJ)
- ___ Outer Jacket (OJ)
 - Color: Black Slate Purple Raspberry
 - Fastener type: VELCRO® Snap
 - Modifications: Non-skid pads
- ___ Easy Slide Donning Aid

Special Instructions: _____

Exact Reorder of Order #: _____

4 Billing Information

Quote Only

Business Name: _____
 Phone: _____ Fax: _____
 Contact Name & Phone: _____
 Account #: _____ P.O. #: _____
 Payment: Credit card (provide number below) Net 30
 Card #: _____ Exp: ____ / ____ SID: _____

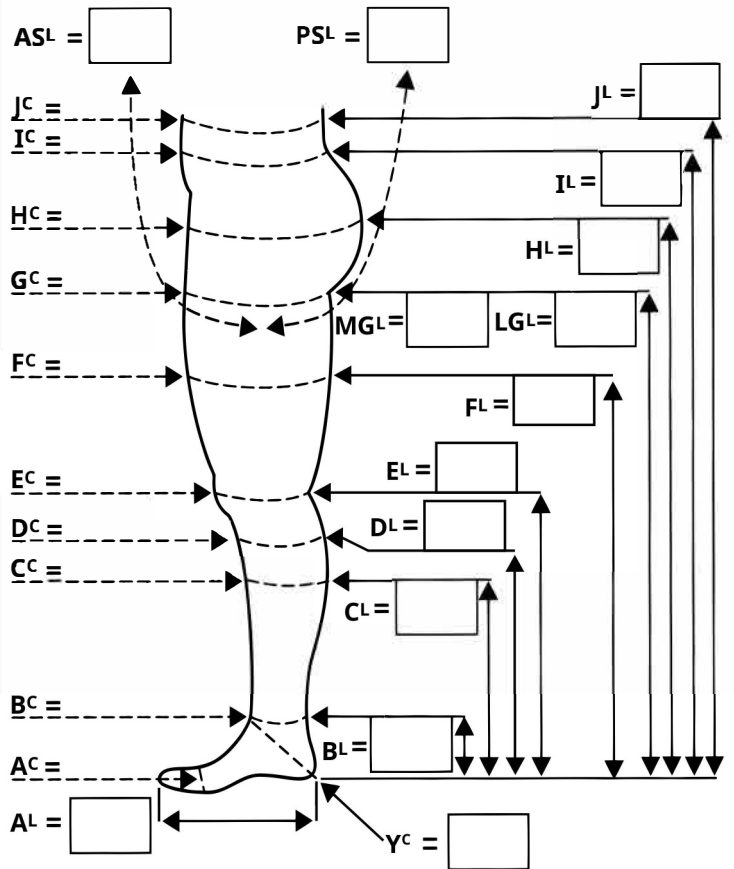
3 Measurements

Date taken: ____ / ____ / ____

(All measurements in centimeters)

C = Circumference

L = Length



5 Shipping Information

Shipping: Ground 2nd Day Overnight

Ship to: _____
 Attn: _____
 Street: _____
 City: _____ State: _____ Zip: _____
 Phone: _____
 Email (for shipping notification): _____