

## Bellavar<sup>®</sup> and Custom Seamless Soft Order Form

Patient Last Name: \_\_\_\_\_

Fitter Last Name: \_\_\_\_\_\_ Fitter First Name: \_\_\_\_\_

Patient First Name: \_\_\_\_\_

Fitter Title: \_\_\_\_\_\_ (example: PT/OT/PTA)

Date: \_\_\_\_\_

	Qua	ntitv					Γ			ze	Form 57021 must accompany this form.					(T) Waist				Waist
					ze	mel		berr	osse	Bronze	Circum.(c) Lengt		<b>th (</b> <i>l</i> )	Length	(1)				/	\
Product / Brand	Left	Right	Sand	Black	Bronze	Caramel	Navy	Cranberry	Espresso	Sun I	с <b>Т</b>	К2-Т		lT			Back		Front	
Seamless Soft 18-21 mmHg* (CCL 1)											с <b>Н</b>	К1-Т		lH	н	ps 🤇 H	(K2-T)		(K1-T)	
Seamless Soft 23-32 mmHg* (CCL 2)											Circumfer	ence (c)	Take	ength (l): n from eacl mark to floo		Fhigh (G				G
Seamless Soft 34-46 mmHg* (CCL 3)											Left	Right	Lef			, ci				
Bellavar <sup>*</sup> 23-32 mmHg* (CCL 2)											c <b>G</b>		l <b>G</b>		Mid-T	high (F				F
Bellavar <sup>*</sup> 34-46 mmHg* (CCL 3)											сF		lF							
Basic Styles:	т [	A	G-H	IT		٩T		с <b>Е</b>		lE		Pa	atella (Ĵ Ê							
Options:	e		Sho	ort fo	oot (o	close	ed)		c D		1 <b>D</b>			Knee 🤇 D	4			D		
Special Options:										c C		lC		Wides	st Calf (C	、			C	
AD No Silicone Silicone do	SoftF	it™		ed ba			m	c <b>B1</b>		l <b>B1</b>				/						
band 5 cm	only			& C(	,			с В		l <b>B</b>		Below	Calf (B1	. /			B1			
AF/AG No Silicone		Silio	cone	dott Soft			5 cm cm**	с <b>Ү</b>	l <b>Z</b> (closed toe)		Sm An	allest (B kle Heel Y	/			B				
AT Maternity	and (	Seam									cA		lA		Base of Toes	100			il.	A
AT  Maternity  Fly for Men    Full compression  Regular Adjustable Waist band    Waist band 2.5 cm**  Waist band 5.0 cm**    Open Pubis  Mesh Crotch											Foot length open toe  IA  Foot length closed toe  IZ    (Not available in slant open or slant closed toe, only straight.)  Comments:								? 	

\*Design Pressure \*\*Not available in Full Compression or Bellavar® \*\*\*Not available in Bellavar® Take measurements on edema-free extremities only. All measurements must be recorded in cm.

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