

Patient Last Name: _____ Patient First Name: _____
 Fitter Last Name: _____ Fitter First Name: _____
 Fitter Title: _____ (example: PT/OT/PTA)
 Date: _____

Elvarex[®]** <input type="checkbox"/> Beige <input type="checkbox"/> Black <input type="checkbox"/> Honey <input type="checkbox"/> Cherry <input type="checkbox"/> Navy <input type="checkbox"/> Cranberry <input type="checkbox"/> Caramel <small>(CCL 1, 2 only)</small>	Elvarex[®] Soft <input type="checkbox"/> Beige <input type="checkbox"/> Black <input type="checkbox"/> Honey <input type="checkbox"/> Cranberry <input type="checkbox"/> Cherry <input type="checkbox"/> Navy <input type="checkbox"/> Grey <input type="checkbox"/> Cocoa	Quantity/Class Left Right	CCL1 <small>(15-21mmHg*)</small>	CCL2 <small>(23-32mmHg*)</small>	CCL2F† <small>(23-32mmHg*)</small>
Style <input type="checkbox"/> CG Sleeve <input type="checkbox"/> CH Sleeve & shoulder cap ^{†***} <input type="checkbox"/> AG Sleeve & hand attachment ^{†***} <input type="checkbox"/> AH Sleeve, hand attachment & shoulder cap ^{†***}		Shoulder Cap Options (CH and AH) <input type="checkbox"/> Shoulder Strap <input type="checkbox"/> Bra loop with Velcro _____ cm <small>(Bra Strap width)</small>			

Elbow Options

Elbow Comfort† (CCL 2 only) Pocket Inside Elbow
(Not available with Elbow Comfort)

Silicone Band	On Top	Inside	Inside ¾
2.5 cm			
SoftFit			
5 cm <small>(Elvarex[®] Soft = On Top only)</small>			
Zipper†	Inside	Outside	On Top
C-E only			
E-G only			

* Design Pressure *** Not available in Elvarex Soft † Only available in Elvarex
****CAUTION:** This product contains natural rubber latex which may cause allergic reactions.

