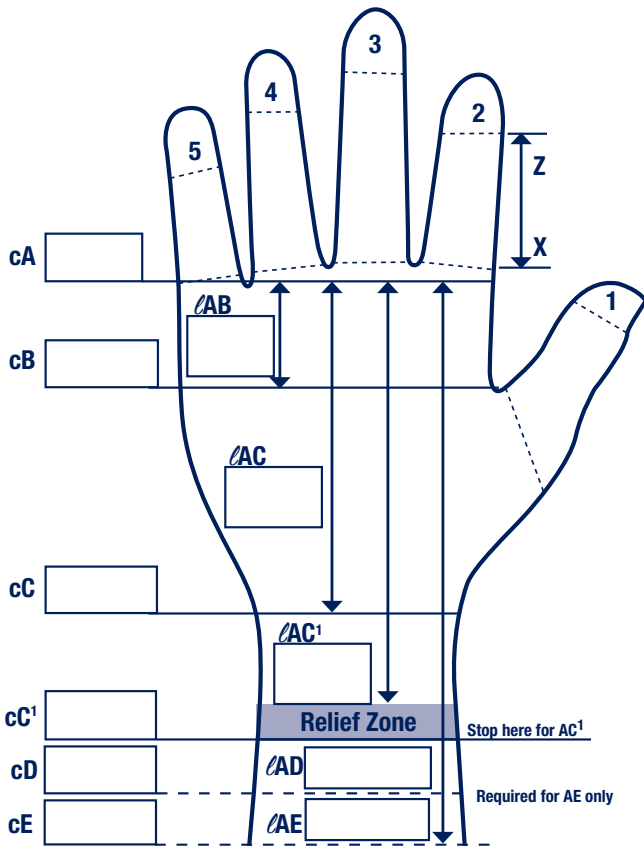


Patient Last Name: _____ Patient First Name: _____
 Fitter Last Name: _____ Fitter First Name: _____
 Fitter Title: _____ (example: PT/OT/PTA)
 Date: _____

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 Seamless <input type="checkbox"/> Beige <input type="checkbox"/> Black <input type="checkbox"/> Honey <input type="checkbox"/> Cranberry <input type="checkbox"/> Cherry <input type="checkbox"/> Navy	Elvarex[®] Plus <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	Qty/Class Left Right	CCL1 <small>(15-21mmHg*)</small>	CCL2 <small>(23-32mmHg*)</small>	CCL2F[†] <small>(23-32mmHg*)</small>
Style <input type="checkbox"/> AC ¹ Glove <input type="checkbox"/> AC ¹ Gauntlet <input type="checkbox"/> AE Glove to Elbow >13 cm past wrist <input type="checkbox"/> AE Gauntlet to Elbow ≥13 cm past wrist		Pocket[†] <input type="checkbox"/> Back of hand <input type="checkbox"/> Palm		Zipper[†] <input type="checkbox"/> Back of hand <input type="checkbox"/> Palm		



	Circ. Z	Circ. X	Length Z-X
Thumb 1			
Finger 2			
Finger 3			
Finger 4			
Finger 5			

* Design Pressure
****CAUTION:** This product contains natural rubber latex which may cause allergic reactions.
[†] Only available in Elvarex[®]
NOTE: Garments ordered in black and beige have an estimated arrival time of 4-5 business days from the date submitted. All others colors have an estimated arrival time of 7-10 business days from the date submitted.
 For additional product order forms, please go to <http://www.jobstcompressioninstitute.com/resources/orders>

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