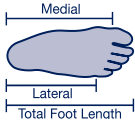
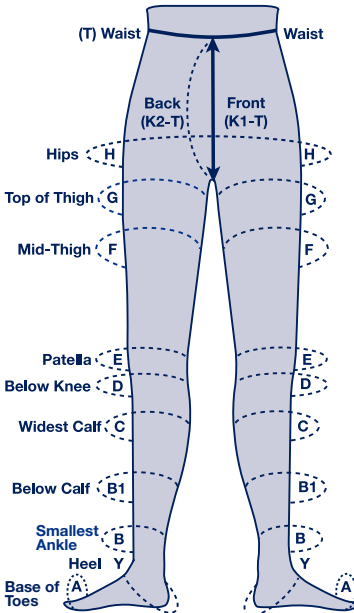


**Patient Last Name:** \_\_\_\_\_ **Patient First Name:** \_\_\_\_\_  
**Fitter Last Name:** \_\_\_\_\_ **Fitter First Name:** \_\_\_\_\_  
**Fitter Title:** \_\_\_\_\_ (example: PT/OT/PTA)  
**Date:** \_\_\_\_\_

<b>Color</b> <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	<b>Seam Color**</b> <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	<b>Quantity/Class</b> Left _____	<b>CCL1</b> 18-21 mmHg*	<b>CCL2</b> 23-32 mmHg*	<b>CCL3</b> 34-46 mmHg*
		Right _____			
		Body Bandage _____			

<b>Styles</b> <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"/> <b>Straight Open Toe Length</b> Lateral _____ cm Total Foot _____ cm	<input type="checkbox"/> <b>Slant Open Toe Length</b> Medial _____ cm Lateral _____ cm Total Foot _____ cm	<input type="checkbox"/> <b>Slant Closed Toe Length</b> Medial _____ cm Lateral _____ cm Total Foot _____ cm
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<b>Circum. (c)</b> cT _____ cH _____	<b>Length (l)</b> K2-T _____ K1-T _____	<b>Length (l)</b> /T _____ /H _____	<b>Variations</b> <input type="checkbox"/> B1G-T <input type="checkbox"/> BG-T <input type="checkbox"/> FT Biker Short	<b>Special Options</b> <input type="checkbox"/> T-Heel <input type="checkbox"/> Adj. waistband <input type="checkbox"/> Open pubis <b>Silicone Band</b> <input type="checkbox"/> 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"/> <b>SoftFit band</b> (A-D Only) <b>Pocket</b> <input type="checkbox"/> In-step <input type="checkbox"/> Back of knee <input type="checkbox"/> All four sides closed
<b>Circumference (c)</b> Left Right cG _____ cF _____ cE _____ cD _____ cC _____ cB1 _____ cB _____ cY _____ cA _____	<b>Length (l):</b> Taken from each landmark to floor Left Right /G _____ /F _____ /E _____ /D _____ /C _____ /B1 _____ /B _____ /A (medial) _____ /A (lateral) _____		All measurements should be in centimeters. * Design Pressure ** Seam colors only available when main garment color is beige. <b>NOTE:</b> 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.	

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