

- New Patient  
 Existing Patient   
  Re-Order   
  Change Order   
  Balance of Order  
 New Order (garment)



Please specify changes here:  
(otherwise all features and specifications will be carried forward)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- SHIPPING METHOD  
 Overnight  
 2 Day Air  
 Ground  
 Other

Barton•Carey File No: \_\_\_\_\_ Date: \_\_\_\_\_

**COMMENTS AND SPECIAL INSTRUCTIONS:**

**PATIENT:**

Address: \_\_\_\_\_  
Last First Initial

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No: ( ) \_\_\_\_\_

Date of Birth: \_\_\_\_\_  Male  Female

Fabric Color: \_\_\_\_\_

Fabric Weight: Regular / Soft-Fit (circle one)

Special Printed Fabrics (Soft fit only) Not Available for Lower Extremity Garments to Prevent Blood Pooling

Zebra / Woodland Camouflage /

Pink Camouflage / Starburst / Leopard

Monogramming: (Indicate Preferred Location) \_\_\_\_\_

Lace: Flat / Gathered (circle one)

Applique: (Indicate Preferred Location) \_\_\_\_\_

Contrasting Stitching/Color: \_\_\_\_\_

Other: \_\_\_\_\_

**MEASURED BY:**

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone & Area Code ( ) \_\_\_\_\_

List Garments Ordered: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PHYSICIAN:**

Field of Specialty: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No: ( ) \_\_\_\_\_

**Bill To:** \_\_\_\_\_ **Salesperson:** \_\_\_\_\_

(Complete information below)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Attach measurement feature requirements page

Purchase Order No. \_\_\_\_\_

Charge to:  Visa  Mastercard  American Express  
 Discover

Card No: \_\_\_\_\_

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

**DIAGNOSIS:**

mm\Hg	Indications for Use (Other)
20-30	Arthritis Burns / Scar Management To Assist Fluid Dynamics Edema Edema secondary to vascular malformation Lymphedema / Lymphatic Malformations
40	Lymphedema / Lymphatic Malformations
50	Lymphedema
	Other General Medical Purposes
<b>Prevent Blood Pooling Lower Extremity Garments*</b>	
20-30	Arterial Insufficiency w/Venous insufficiency Orthostatic Hypotension (Mild)
35-40	Stasis Dermatitis Post Phlebitis Syndrome Varicose Veins Chronic Venous Insufficiency Orthostatic Hypotension (Moderate)
	Orthostatic Hypotension (Severe)

**Make Checks Payable To Barton•Carey**

**SHIP TO:** \_\_\_\_\_  
(Complete Information below)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

ATTN: \_\_\_\_\_

P.O. # On Label \_\_\_\_\_

Overnight   
  2 Day Air   
  Ground   
  Other

\* Add 11 to lower extremity garment item number when ordering support to prevent blood pooling

Above are suggested counter pressures. Only the physician knows the patient's history and tolerance.

Caution: Federal law restricts these devices to sale by or on the order of a physician