

Foot Caps Order Form

Elvarex®, Elvarex® Plus, Elvarex® Soft Seamless

Patient Name / BSN File # _____ DOB _____
 Address _____ Gender M F

City/State/Zip _____
 Diagnosis _____
 Doctor / Address _____

PO#	
Original Order <input type="checkbox"/>	Reorder w Changes <input type="checkbox"/>
Exact Reorder <input type="checkbox"/>	Schema # _____

Fitter Name _____ Fitter # _____ Fitter Phone _____
 Fitter Facility _____ Fitter email _____

Ship To Acct # _____ Acct Name _____
 Address _____ City _____ State _____ Zip _____
 Email _____ Phone _____ FAX _____

Bill to Acct # _____ Acct Name _____
 Address _____ City _____ State _____ Zip _____
 Email _____ Phone _____ FAX _____

CC AmEx MC Visa
 CC # _____ Name on CC _____
 Exp Date _____ Billing Zip Code _____

Quality	Color	Quantity/Class	CCL1	CCL2	CCL3†
			(18-21mmHg*)	(23-32mmHg*)	(34-46mmHg*)
<input type="checkbox"/> Elvarex**	<input type="checkbox"/> Beige <input type="checkbox"/> Black	Left			
<input type="checkbox"/> Elvarex Plus**	<input type="checkbox"/> Cocoa*** <input type="checkbox"/> Navy***	Right			
<input type="checkbox"/> Elvarex Soft Seamless	<input type="checkbox"/> Grey***				

Small Toe Open (extra cut back not required)
 Left 0.5cm 1cm 1.5cm
 Right 0.5cm 1cm 1.5cm

All 5th Toe circumferences are required for Elvarex Plus, even if choosing open 5th toe option.

Small Toe Covered***
 Left Right

