

Glove/Gauntlet 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 # _____

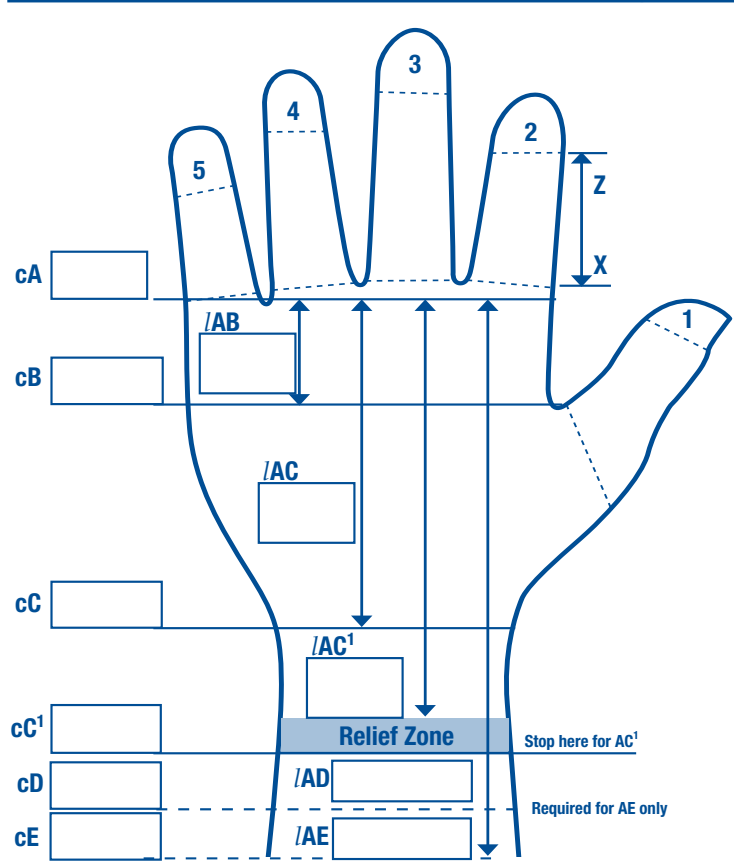
Fitter Name _____ Fitter # _____ Fitter Phone _____
Fitter Facility _____ Fitter email _____

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 <input type="checkbox"/> Elvarex** <input type="checkbox"/> Elvarex Plus** <input type="checkbox"/> Elvarex Soft Seamless	Color <input type="checkbox"/> Beige <input type="checkbox"/> Black <input type="checkbox"/> Honey <input type="checkbox"/> Cranberry <input type="checkbox"/> Caramel† (CCL1, 2 only)	Quantity/Class	CCL1 (15-21mmHg*)	CCL2 (23-32mmHg*)	CCL2F† (23-32mmHg*)
		Left			
Style <input type="checkbox"/> AC ¹ Glove <input type="checkbox"/> AE Glove to Elbow <input type="checkbox"/> AC ¹ Gauntlet <input type="checkbox"/> AE Gauntlet to Elbow		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
 † Only available in Elvarex
 **CAUTION: This product contains natural rubber latex which may cause allergic reactions.