

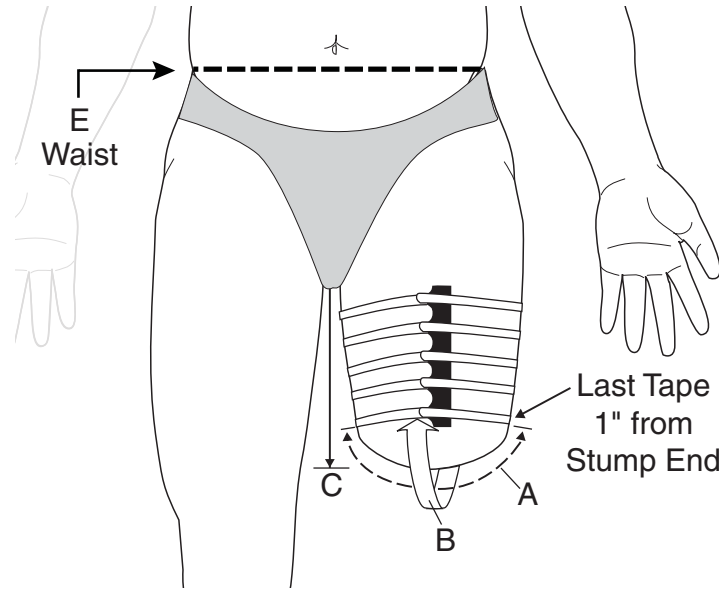
Purchase Order No _____		Date _____	Fitter's Phone No. _____	
Ordered by _____		Patient _____	Age _____	
Street _____				
City _____	State _____	Zip _____	Street _____	
Fitter _____	City _____	State _____	Zip _____	

A	Medial to Lateral (Inside to Outside)

B	Anterior to Posterior (Front to Back)

C	Inseam / Length of Stump

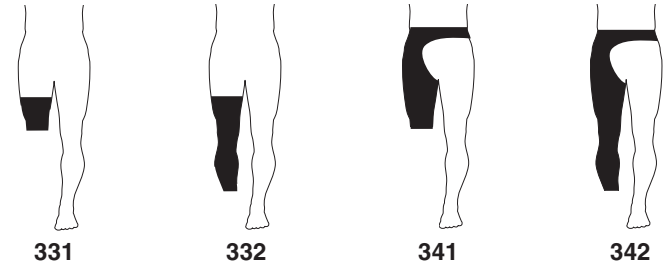
E	Girth at Waist



Measurements (below) from Straight Edge of Blue Spine in: (check one) Inches Centimeters

LEFT RIGHT	7½	6	4½	3	1½	0	1½	3	4½	6	7½	9	10½	12	13½	15	16½	18	19½	21	22½	24	25½	27	28½	30	31½	33	34½	36
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Form No: 14 - For Use With Paper Tapes (A-13-SY)



Please refer to our current price list for a description of these items

HOTLINE SERVICE

(Guaranteed delivery in 4-5 business days, or less) **Additional Cost**

Sex: M F

WAIST LENGTH SUPPORTS - NOT SHOWN

See Form No. 11 (A-13-AY3)

OPTIONS & EXTRAS:

- **Zipper:** Inside (or) Outside | Open (or) Closed
- **Garment Color No:** _____
- **Reinforcement:** Knee Front | Knee Back
 Inner Thigh
- **Flex/Contracture Seam:** Knee Back
- **Elastic Band:** Regular 1" 2" (or) Silicone 1" 2"
- **Other Option(s):** _____

INDICATIONS:

- 20-30 mm Hg:** Varicose veins (mild), arterial insufficiency with venous insufficiency. Burns — prevention of hypertrophic scars.
- 30-40 mm Hg:** Varicose veins (moderate), assist fluid return, leg fatigue, stasis dermatitis, postphlebotic syndrome, post surgical stripping of sclerosing, postfracture edema, prophylactic treatment of edema and phlebitis, lymphedema (moderate).
- 40-50 mm Hg:** Chronic venous insufficiency, stasis dermatitis (severe), lymphedema (severe), chronic venous insufficiency (severe), orthostatic hypotension (moderate).

Contraindications: Non-ambulatory use, severe arterial insufficiency, cutaneous infection, acute hypodermatitis, wet dermatitis.