

TORBOT GROUP INC. COMPRESSION GARMENT

For Burnscar Management, Scar Hypertrophy, Vascular and Lymphedema

PRESCRIPTION ORDER FORM



SunMEDMedical.com
t: 800-714-7434 >> f: 800-715-5422 >> sales@sunmedmedical.com

Current Date ORDER TYPE PO #

1
DIAGNOSIS **COMPRESSION**

HOTLINE HOTLINE IS a special, high priority service to meet urgent customer needs. Once your completed and accurate order is received, it will be manufactured within three business days and shipped to you via UPS. HOTLINE service is available upon request for a 30 percent surcharge.

TORBOT GROUP PATIENT NUMBER (reorders only)

2
PATIENT
LAST NAME FIRST NAME
ADDRESS CITY STATE
ZIP CODE - COUNTRY PHONE
SEX DOB (mm/yyyy) ID#

3
PRESCRIBER
LAST NAME FIRST NAME
ADDRESS CITY STATE
ZIP CODE - COUNTRY

4
MEASURED BY
NAME FACILITY
PHONE FAX EMAIL

5
SHIP TO ATTN FAX
ADDRESS CITY STATE
ZIP CODE - COUNTRY PHONE

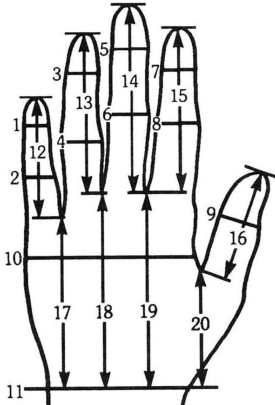
6
BILL TO ATTN FAX
ADDRESS CITY STATE
ZIP CODE - COUNTRY PHONE
EMAIL

NOTE: DO NOT SEND MEASURING TAPES IF PATIENT HAS INFECTIOUS DISEASE OR IF TAPES ARE CONTAMINATED WITH BODY FLUIDS.

w/o

SS-0091-0112R1

24 GLOVE STYLES	CAT#	Qty Left	Qty Right	PRICE EACH	TOTAL
Glove to Wrist	0535				
Glove to Elbow	0534				
Interdigital Web Spacer (worn over glove)	0536				

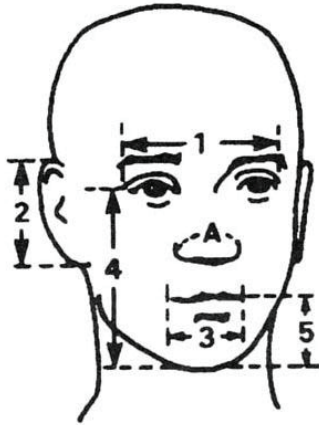


IMPORTANT - COMPLETED HAND OUTLINE WITH SCALE IS REQUIRED
*** Open Tip Glove length measurement is finished length desired.**

25 GLOVE OPTIONS	CAT#	Qty Left	Qty Right	PRICE EACH	TOTAL
Type Color Choice Here					
Type Color Choice Here					
Slant Inserts	1169				
1" Silicone Band	1118				
2" Silicone Band	0160				
Zipper (each opening) Mark location below	1164				
Zipper Location (Mark [X]) Ulnar (little finger)(STANDARD))		<input type="checkbox"/>	<input type="checkbox"/>		
Zipper Location (Mark [X]) Dorsal (Posterior)		<input type="checkbox"/>	<input type="checkbox"/>		
Zipper Location (Mark [X]) Palmar (Anterior)		<input type="checkbox"/>	<input type="checkbox"/>		

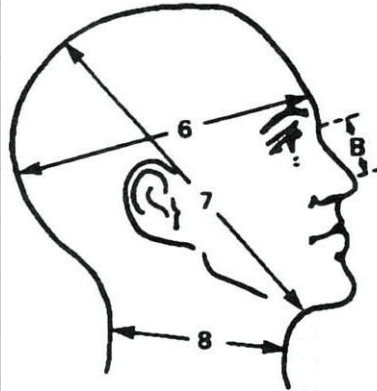
26 Subtotal

27 CIRCUMFERENCE		
Left	Circumference	Right
	1-Little Finger DIP	
	2-Little Finger PIP	
	3-Ring Finger DIP	
	4-Ring Finger PIP	
	5-Middle Finger DIP	
	6-Middle Finger PIP	
	7-Index Finger DIP	
	8-Index Finger PIP	
	9-Thumb IP	
	10-Palm	
	11-Wrist	
	1 1/2" Beyond Wrist	
	3" Beyond Wrist	



28 HEAD STYLES	CAT#	Qty	PRICE EACH	TOTAL
Face Mask	0540			
Face Mask, Open Face	1158			
Chin Strap	0550			
Chin Strap, Modified (extends behind ear)	0549			

29 HEAD OPTIONS	CAT#	Qty	PRICE EACH	TOTAL
Type Color Choice Here				
Type Color Choice Here				
Lip Covering	1166			
Nose Covering	1165			



30 Subtotal

open tip(s) [X]	Left	*Lengths	Right	open tip(s) [X]
<input type="checkbox"/>		12-Little finger to web between little and ring fingers.		<input type="checkbox"/>
<input type="checkbox"/>		13-Ring finger to web between ring and middle fingers.		<input type="checkbox"/>
<input type="checkbox"/>		14-Middle finger to web between middle and index fingers.		<input type="checkbox"/>
<input type="checkbox"/>		15-Index finger to web between middle and index fingers.		<input type="checkbox"/>
<input type="checkbox"/>		16-Thumb to thumb web.		<input type="checkbox"/>
		17-Wrist to web between little and ring fingers.		
		18-Wrist to web between middle and ring fingers.		
		19-Wrist to web between index and middle fingers.		
		20-Wrist to thumb web.		

31 HEAD MEASUREMENTS

Masks/Chin Straps	Measurement	Measurement	(use only if ordering a nose cover)
	1-Width of Eyes	A-Across Tip of Nose	
	2-Length of Ear	B-Length of Nose	
	3-Width of Mouth	COMMENTS	
	4-Chin to Eyes		
	5-Chin to Mouth		
	6-Circ. above Eyebrow		
	7-Around Head at Chin Angle		
	8-Circ. of Neck		

W/O