

# TORBOT GROUP INC. COMPRESSION GARMENT

## For Burnscar Management, Scar Hypertrophy, Vascular and Lymphedema PRESCRIPTION ORDER FORM



SunMEDMedical.com  
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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

# 11 TORSO

Note: A prefix of 5911 will be added to all Burn catalog #'s and 5917 will be added to all Vascular catalog #'s.

STYLES	CAT#	Qty	PRICE EACH	TOTAL	REQUIRED MEASUREMENTS
Vest, sleeveless*	0525				1; 10-14;17
Vest, 1 long sleeve and 1 short sleeve*	0524				1; 10-14; 17; arm(s)
Vest, 2 short sleeves*	0526				1; 10-14; 17; arm(s)
Vest, 2 long sleeves*	0527				1; 10-14; 17; arm(s)
Body Brief, sleeveless	0530				1; 5; 7; 9-17
Body Brief, with sleeves	0531				1; 5; 7; 9-17; arm(s)
Bodysuit, sleeveless with legs	0558				1; 5; 7; 9-17; leg(s)
Bodysuit, with sleeves and legs	0560				1; 5; 7; 9-17; arm(s); leg(s);

12 Subtotal

# 14 OPTIONS

CAT#	Qty	PRICE EACH	TOTAL
Type Color Choice Here			
Type Color Choice Here			
Reduced Pressure Abdominal Panel	1161		
Velcro Tabs for Vest Attachment (set of 4)	1163		
Reinforced Inner Thigh & Perineum (Bodysuit only)	1185		
Oversize Charge If largest circumference is 50-59" (127-151 cm)	1177		
Oversize Charge If largest circumference is 60-69" (152-177 cm)	0031		
Oversize Charge If largest circumference is 70-79" (178-201 cm)	0042		
1" Silicone Band	1118		
2" Silicone Band	0160		

15 Subtotal

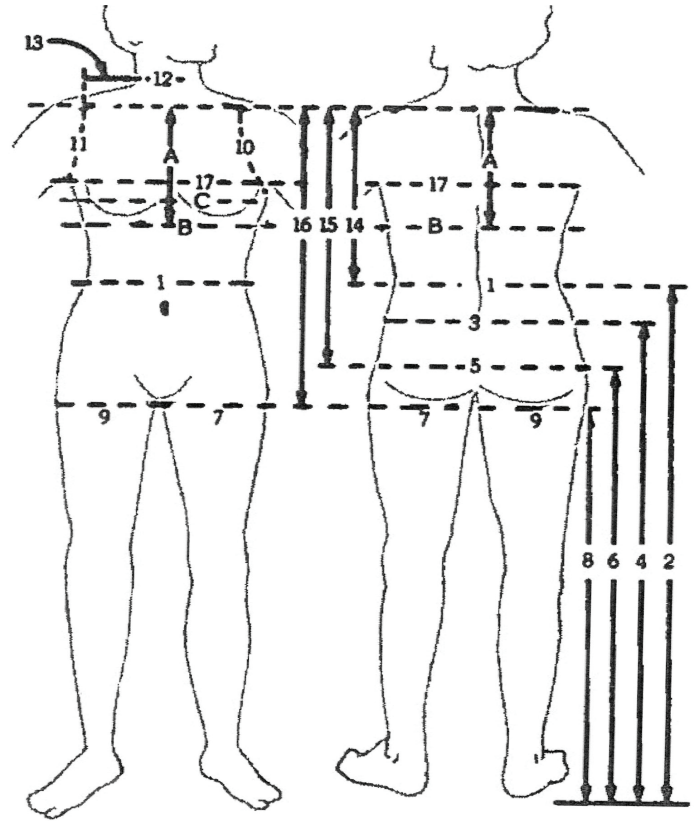
# 16 DESIGN CHOICES

Front Closure Zipper	<input type="checkbox"/>	
Front Closure Velcro	<input type="checkbox"/>	
Back Closure Zipper	<input type="checkbox"/>	
Back Closure Velcro	<input type="checkbox"/>	
Open Axilla	LT <input type="checkbox"/> RT <input type="checkbox"/>	
Meshed Axilla	LT <input type="checkbox"/> RT <input type="checkbox"/>	
Self Axilla	LT <input type="checkbox"/> RT <input type="checkbox"/>	
Turtleneck	<input type="checkbox"/>	
Scoop Neck	<input type="checkbox"/>	
V Neck	<input type="checkbox"/>	

If arm or leg measurements are required, go to 7 (leg), or 17 (arm).

If options are required, go to 9 (leg), or 19 (arm).

Comments



# 13 TORSO/BODY MEASUREMENTS

	CIRCUMFERENCE				HEIGHT			
Desired Top of Support								
Waist	1				2			
Midpoint between 1 and 5					3			
Largest Part of Buttocks					4			
Proximal Thigh Left (at fold of buttocks)					5			
Proximal Thigh Right (at fold of buttocks)					6			
Left Shoulder					7			
Right Shoulder					8			
Neck					9			
Shoulder Width					10			
Shoulder to Waist					11			
Shoulder to Largest Part of Buttocks					12			
Shoulder to Fold of Buttocks					13			
Chest					14			
					15			
					16			
					17			
<b>ADDITIONAL MEASUREMENTS FOR BRA CUPS</b>	<b>All Bra Cups Require Measurements</b>							
Shoulder to Just Under Breast					A			
Circumference Just Under Breast	B							
Circumference Over Nipple Line	C							
<b>* VEST BELOW WAIST</b>								
Shoulder to End of Support								
Circumference at End of Support								
<b>W/O</b>								