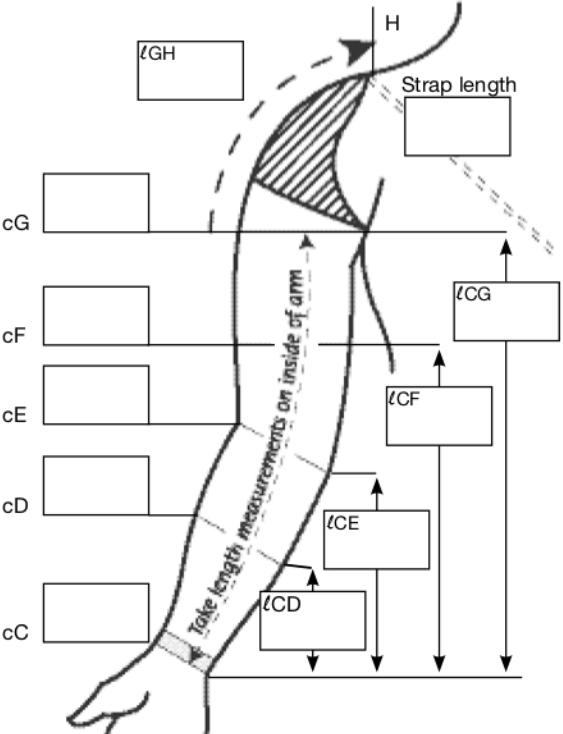


Date: ____/____/____

Patient Name: _____

Fitter/Therapist Name: _____

Ship to: _____

Quality <input type="checkbox"/> Elvarex** <input type="checkbox"/> Elvarex Soft	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 Left Right	CCL1 (15-21mmHg*)	CCL2 (23-32mmHg*)	CCL2F† (23-32mmHg*)
Style <input type="checkbox"/> CG Sleeve <input type="checkbox"/> AG Sleeve & hand attachment†*** <input type="checkbox"/> CH Sleeve & shoulder cap†*** <input type="checkbox"/> AH Sleeve, hand attachment & shoulder cap†***		Shoulder Cap Options (CH and AH) <input type="checkbox"/> Shoulder Strap <input type="checkbox"/> Bra loop with Velcro _____ cm (Bra Strap width)			
		<input type="checkbox"/> SoftFit™ Elbow Options <input type="checkbox"/> Elbow Comfort† (CCL 2 only) <input type="checkbox"/> Pocket Inside Elbow (Not available with Elbow Comfort)			
		Silicone Band	On Top	Inside	Inside ¾
		2.5 cm 5 cm (Elvarex Soft = On Top only)			
		Zipper† C-E only E-G only	Inside	Outside	On Top

* Design Pressure

**CAUTION: This product contains natural rubber latex which may cause allergic reactions.

*** Not available in SoftFit † Only available in Elvarex