

Elvarex® Soft Order Form

Lower Extremity

Patient Name / Essity File # _____ DOB _____

Address _____ Gender ☐ M ☐ F ☐

City/State/Zip _____

Diagnosis _____

Date _____

Color	Quantity/Class	CCL 1 18-21 mmHg*	CCL 2 23-32 mmHg*	CCL 3 34-46 mmHg*
☐ Beige ☐ Gray	Left			
☐ Black ☐ Cocoa	Right			
☐ Cranberry ☐ Cherry	Body Bandage CCL must be same as legs			
☐ Navy				

☐ **Straight Open Toe Length** Lateral _____ cm
☐ **Straight Closed Toe Length** Total Foot IZ _____ cm
☐ **Slant Open Toe Length** Medial _____ cm
☐ **Slant Closed Toe Length** Medial _____ cm
 Lateral _____ cm
 Total Foot IZ _____ cm

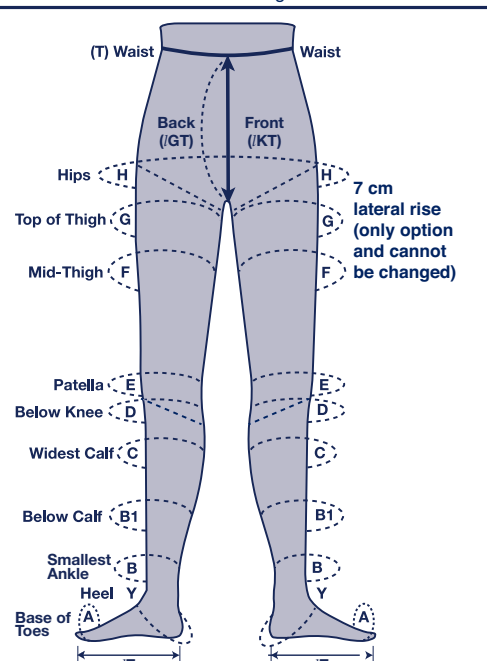
Circum. (C)	Length (l)	Length (l)
cT ⁰	/GT	/T
cH ⁺⁺	/KT	/H

Circumference (C)		Length (l): Taken from each landmark to floor	
Left	Right	Left	Right
		/K	
cG ⁺⁺		/G	
cF ⁺⁺		/F	
cE ⁺		/E	
cD ⁺⁺⁺		/D	
cC ⁺⁺		/C	
cB1 ⁺⁺		/B1	
cB ⁺		/B	
cY ⁰		/A (medial)	
cA ⁺		/A (lateral)	

Tensions

0 no tension
 + light tension
 ++ heavy tension

** If measuring is done in lying position, cA please apply 0 tension
 ***cD/cG 0 tension with silicone band and straight ending



Styles

- ☐ AD Knee
☐ AG Thigh
☐ B1G-T
☐ BG-T
☐ FT Biker Short
- ☐ AG-T Chap: ☐ pc. ☐ pr.
☐ AT Pantyhose
 AT, BT, and B1T Pantyhose styles must be all one compression class. All leg lengths must be equal.

Options

- ☐ T-Heel ☐ Top Comfort Zone (available for AG Thigh only)

AT Panty Options

- ☐ Adjustable Waistband
☐ Open Pubis
☐ Ribbed Fleece Waistband

Lateral Rise

- ☐ AD standard 4cm
☐ Other: ____cm (2cm-6cm)
 (AG fixed 7cm, no modifications)

Silicone Dot Top Band

- ☐ 2.5cm (AD Only) ☐ 5cm
 (Silicone band not available for AG-T)

Micro-Dot Top Band

- ☐ 5cm

SoftFit Band

- ☐ 5cm (AD Only)

Pocket

- ☐ In-step
☐ Back of knee

Lining (Pocket all sides closed)

- ☐ In-step
☐ Back of knee
☐ Heel

All measurements should be in centimeters.

* Design Pressure

Comments: