



Date: \_\_\_/\_\_\_/\_\_\_

Patient Name: \_\_\_\_\_

Fitter/Therapist Name: \_\_\_\_\_

Ship to: \_\_\_\_\_

<b>Elvarex<sup>®</sup>**</b> <input type="checkbox"/> Beige <input type="checkbox"/> Cocoa <input type="checkbox"/> Black <input type="checkbox"/> Navy <input type="checkbox"/> Grey <input type="checkbox"/> Cranberry		<b>Elvarex<sup>®</sup> Plus**</b> <input type="checkbox"/> Beige <input type="checkbox"/> Cocoa <input type="checkbox"/> Black <input type="checkbox"/> Navy <input type="checkbox"/> Grey <input type="checkbox"/> Cranberry		<b>Elvarex<sup>®</sup> Soft Seamless</b> <input type="checkbox"/> Beige <input type="checkbox"/> Cocoa <input type="checkbox"/> Cherry <input type="checkbox"/> Black <input type="checkbox"/> Navy <input type="checkbox"/> Grey <input type="checkbox"/> Cranberry		<b>Qty/Class</b> Left Right	<b>CCL1</b> (18-21mmHg)	<b>CCL2</b> (23-32mmHg)	<b>CCL3†</b> (34-46mmHg)
<b>Small Toe Open***</b> Left <input type="checkbox"/> 0.5cm <input type="checkbox"/> 1cm <input type="checkbox"/> 1.5cm Right <input type="checkbox"/> 0.5cm <input type="checkbox"/> 1cm <input type="checkbox"/> 1.5cm				All 5th Toe circumferences are required for Elvarex <sup>®</sup> Plus, even if choosing open 5th toe option.			<b>Small Toe Covered***</b> <input type="checkbox"/> Left <input type="checkbox"/> Right		

