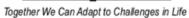


Date: ___/___/

Glove/Gauntlet Order Form







Elvarex®, Elvarex® Plus, Elvarex® Soft Seamless

Fax (860)323-8002 Phone (860)207-8268

Patient Name:						_
Fitter/Therapist Name:						
Ship to:						_
Elvarex®** Cherry Elvarex® Soft Seamless Elvarex® Plu	s	Qty/C	Class	CCL1 (15-21mmHg*)	CCL2 (23-32mmHg*)	CCL2F†) (23-32mmHg*)
Black Cranberry Black Cherry Cocoa Black	Cherry Navy Cranberry	Left				
Style Caramel Honey Navy Honey	Caramel	Right		Z ipper [†]		
□ AC¹ Glove □ AE Glove to Elbow >13 cm past wrist □ Back □ AC¹ Gauntlet □ AE Gauntlet to Elbow ≥13 cm past wrist		☐ Palm	1	I	ck of hand	☐ Palm
			Circ	s. (Circ.	Length Z-X
\bigcirc $\binom{3}{}$	Т	humb 1				
$\begin{array}{c c} \hline \\ 5 \\ \hline \\ \hline \end{array}$		nger 2				
		inger 3				
		nger 4				
cA UUX	Fi	nger 5				
cB AB	**(ma † (ay cause a Only availa	: This pro allergic rea able in Elv	actions. arex®		oer latex which
AC	NOTE: Garments ordered in black and beige have an estimated arrival time of 4-5 business days from the da submitted. All others colors have an estimated arrival to of 7-10 business days from the date submitted.					
cC						
CC1 Relief Zone Stop here for AC1		Adaptive Prosthetics & Orthotics 52 National Drive, Glastonbury, CT 06033 Phone (860)207-8268 ~ Fax (860)323-8002~ compression@adaptivect.com				
CD Required for AE only						