



Relax Order Form

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

Date: ___/___/___

Patient Name: _____

Fitter/Therapist Name: _____

Ship to: _____

Armsleeves

Quantity/Class	CCL 1 (15-20 mmHg*)
Left	
Right	

Style

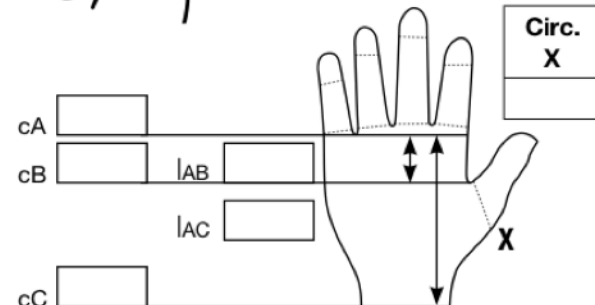
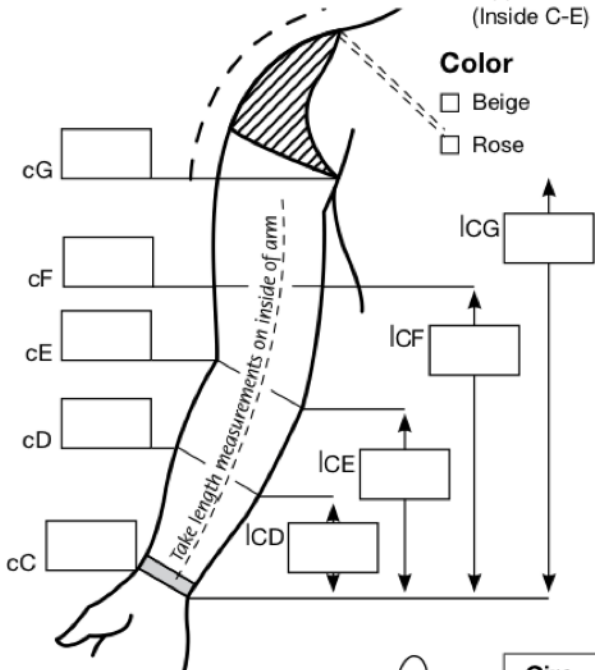
- C-GI
- A - GI gauntlet

Options

- Zipper
(Inside C-E)

Color

- Beige
- Rose



Lower Extremities

Quantity/Class	CCL 1 (15-20 mmHg*)	CCL 2 (20-30 mmHg*)
Left (AD and AG)		
Right (AD and AG)		

Basic styles

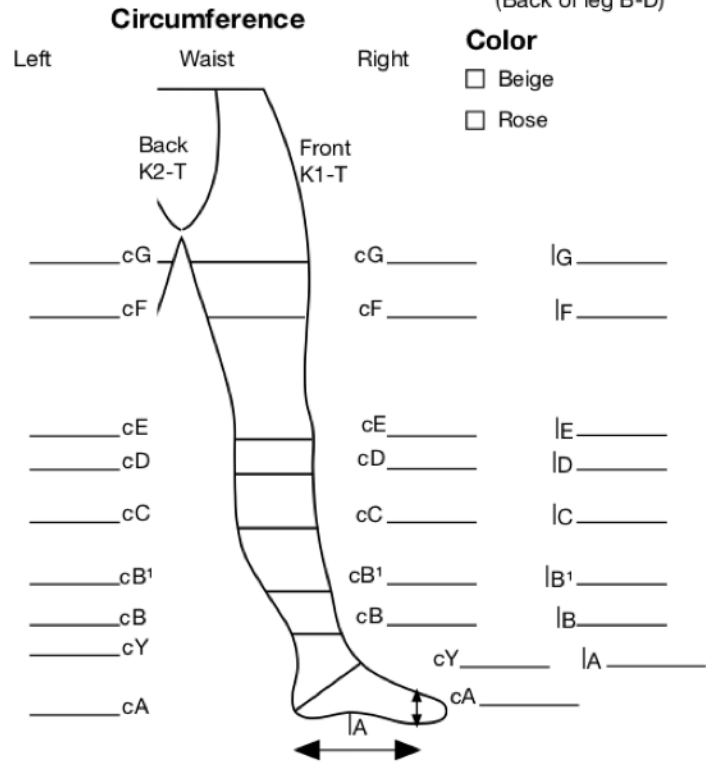
- Knee High
- Thigh High

Options

- Zipper
(Back of leg B-D)

Color

- Beige
- Rose



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