



Caresia™ Order Form

1 Order Information

Order Date: ____ / ____ / ____ Contact Name: _____ Phone: _____
 P.O. #: _____ Email: _____ Fax: _____

2 Billing Information

Account #: _____

Bill to: _____
 Attn: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Card #: _____ Exp: ____ / ____ SID: _____

3 Shipping Information

Same Address as Billing

Ship to: _____
 Attn: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Shipping: Ground 2nd Day Overnight

4 Products

Caresia MCP to Axilla

Style	Size	Qty.
<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L	
<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L	
<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L	

Caresia Below Knee

Length	Size	Qty.
<input type="checkbox"/> Short <input type="checkbox"/> Average <input type="checkbox"/> Tall	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L	
<input type="checkbox"/> Short <input type="checkbox"/> Average <input type="checkbox"/> Tall	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L	
<input type="checkbox"/> Short <input type="checkbox"/> Average <input type="checkbox"/> Tall	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L	

Caresia Wrist to Axilla

Style	Girth	Qty.
<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L	
<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L	
<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L	

Caresia Thigh

Length	Size	Qty.
<input type="checkbox"/> Short <input type="checkbox"/> Average <input type="checkbox"/> Tall	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L	
<input type="checkbox"/> Short <input type="checkbox"/> Average <input type="checkbox"/> Tall	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L	
<input type="checkbox"/> Short <input type="checkbox"/> Average <input type="checkbox"/> Tall	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L	

Caresia Glove

Size	Qty.
<input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large	
<input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large	

Caresia Foot

Size	Qty.
<input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large	
<input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large	

Caresia Gauntlet

Size	Qty.
<input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large	
<input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large	

Submit completed order form by fax to 414-892-4150 or email to customerservice@us.LRmed.com.