



L&R INTERNAL USE ONLY

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 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 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 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	

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 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 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	

Submit completed order form by fax to 414-892-4150 or email to customerservice@us.LRmed.com.L&R USA INC. · 3800 W. Wheelhouse Road, Milwaukee, WI 53208 · Tel: 855-892-4140 · Fax: 414-892-4150 · inquiries@us.LRmed.com