

Patient Name / BSN File # _____ DOB _____ Date _____

Address _____ Gender M F

City/State/Zip _____

Diagnosis _____

Doctor/Address _____

City/State/Zip _____

PO#	
Original Order <input type="checkbox"/>	Reorder w Changes <input type="checkbox"/>
Exact Reorder <input type="checkbox"/>	Schema # _____

Fitter Name _____ Fitter # _____ Fitter Phone _____

Fitter Facility _____ Email _____

Ship To Acct # _____ Acct Name _____

Address _____ City _____ State _____ Zip _____

Email _____ Phone _____ Fax _____

Bill To Acct # _____ Acct Name _____

Address _____ City _____ State _____ Zip _____

Email _____ Phone _____ Fax _____

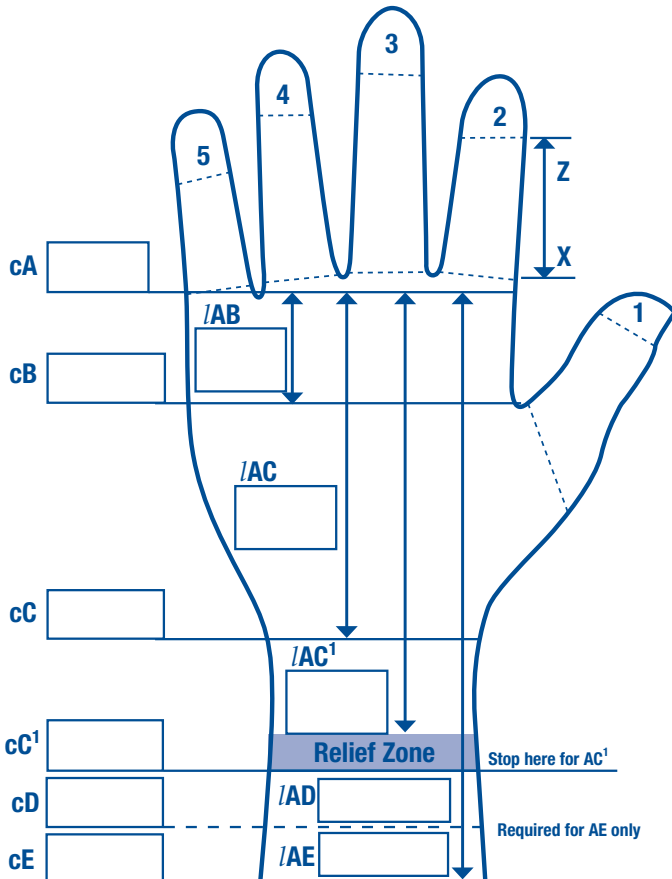
Confirmation Fax # _____ CC # _____ Exp. _____

Email _____ Name on CC _____ Billing Zip _____

Quality	Color	Quantity/Class	CCL1	CCL2	CCL2F
			(18-21mmHg*)	(23-32mmHg*)	(23-32mmHg*)
<input type="checkbox"/> Elvarex**	<input type="checkbox"/> Beige <input type="checkbox"/> Black	Left			
<input type="checkbox"/> Elvarex Plus**	<input type="checkbox"/> Honey <input type="checkbox"/> Cranberry	Right			
<input type="checkbox"/> Elvarex Soft Seamless	<input type="checkbox"/> Caramel† (CCL1, 2 only)				

Style	Pocket†	Zipper†
<input type="checkbox"/> AC ¹ Glove	<input type="checkbox"/> AE Glove to Elbow >13 cm past wrist	
<input type="checkbox"/> AC ¹ Gauntlet	<input type="checkbox"/> AE Gauntlet to Elbow >13 cm past wrist	

	Circ. Z	Circ. X	Length Z-X
Thumb 1			
Finger 2			
Finger 3			
Finger 4			
Finger 5			



* Design Pressure
† Only available in Elvarex
****CAUTION:** This product contains natural rubber latex which may cause allergic reactions.

BSN medical Inc. 5825 Carnegie Blvd.
Charlotte, NC 28209-4633
Tel. 704-554-9933