

Fitter

PLEASE DIRECT ALL ORDERS TO: office: +1 419 474-2973 2920 Centennial Rd., Toledo OH 43617-1833 toll-free: +1 800 537-1968 MEDICAL, INC. www.gottfriedmedical.com • sales@gottfriedmedical.com toll-free fax: +1 866 474-8822

Purchase Order No		Date	Fitter's Phone No.		
Ordered by			Patient	Age	
Street			Ship to		
City	State	Zip	Street		

City

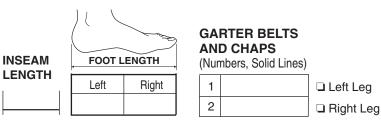
1 - Waist circumference 2 - Largest part of buttocks I - Highest point to be covered H - Halfway between G & I G - 4½ to 5 --G-inches above F F - Center of knee joint E - Small part below knee -F -(Do not take too high. Knee length ends here) п. D - Largest part of calf X - Halfwav between C & D - - X -C - Smallest part of ankle, above ankle bone O - Flex point to heel tip - - C -B- Center of instep .01 A- Just back of ball of foot R BT - Base of toes Α' BT

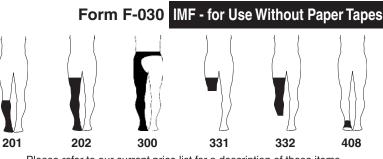
	LEFT				RIGHT	
Girth	Length		Girth		Length	
1	F to I		1		F to I	
н	F to H		н		F to H	
G	F to G		G		F to G	
F	Floor to F		F		Floor to F	
E	Floor to E		E		Floor to E	
D	Floor to D		D		Floor to D	
х	Floor to X		Х		Floor to X	
С	Floor to C		С		Floor to C	
0	Flex to heel tip	$\searrow$	0		Flex to heel tip	>>
В	Heel tip to B		В		Heel tip to B	
A	Heel tip to A		А		Heel tip to A	
вт	Heel tip to BT		BT		Heel tip to BT	

State

STOCKINGS (Letters, Dotted Lines)

Zip





Please refer to our current price list for a description of these items

#### HOTLINE SERVICE

Guaranteed delivery in 4-5 business days, or less) Additional Cost

Sex: I M I F

## **REQUIRED Allergies:**

Allergic to silicone? I Yes, No, NA | Allergic to metal? Yes, No, NA

□ Knee Length: □ L □ R | □ Thigh Length: □ L □ R

□ Chaps: □ 300 □ L □ R | □ 307 | □ Both

WAIST LENGTH SUPPORTS:

See Form F-029

## **OPTIONS & EXTRAS:**

■ Zipper: □ Inside (or) □ Outside □ Open (or) □ Closed

- Garment Color No:
- Toe Caps: □ None/Open (or) □ Soft\* (or) □ Self\* (\*Indicate Foot Length in Diagram)
- Reinforcement: 
  Heel | 
  Knee Front □ Knee Back | □ Inner Thigh
- Flex/Contracture Seam: □ Instep | □ Knee Back
- Elastic Band: Regular □ 1" □ 2" (or) Silicone 1<sup>"</sup> 2<sup>"</sup>
- Other Option(s):

# **INDICATIONS:**

- 20-30 mm Hg: Varicose veins (mild), arterial insufficiency with venous insufficiency.
- 22-28 mm Hg: Burns prevention of hypertrophic scars.
- **30-40 mm Hg:** Varicose veins (moderate), assist fluid return, leg fatique, stasis dermatitis, postphlebitic syndrome, post surgical stripping of sclerosing, postfracture edema, prophylactic treatment of edema and phlebitis, lymphedema (moderate).

**40-50 mm Hg:** Chronic venous insufficiency, stasis dermatitis (severe), lymphedema (severe), chronic venous insufficiency (severe), orthostatic hypotension (moderate).

**50-60 mm Hg:** Orthostatic hypotension (severe), postthrombosis (severe), intractable edema.

Contraindications: Non-ambulatory use, severe arterial insufficiency, cutaneous infection, acute hypodermatitis, wet dermatitis.dermatitis.

## Check this box if there are instructions on other side