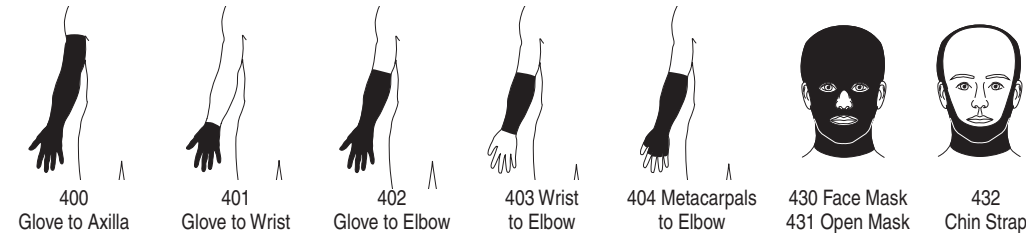
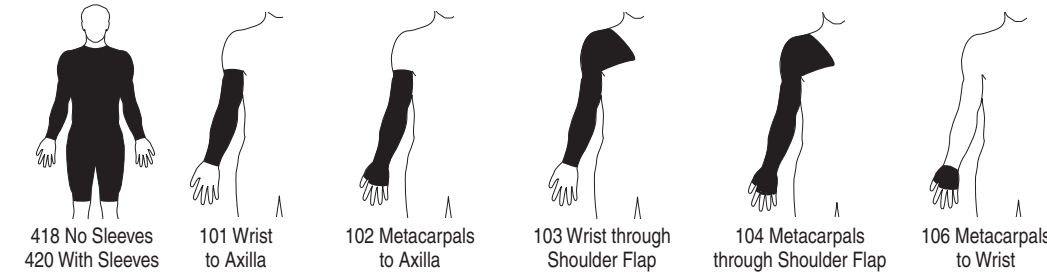
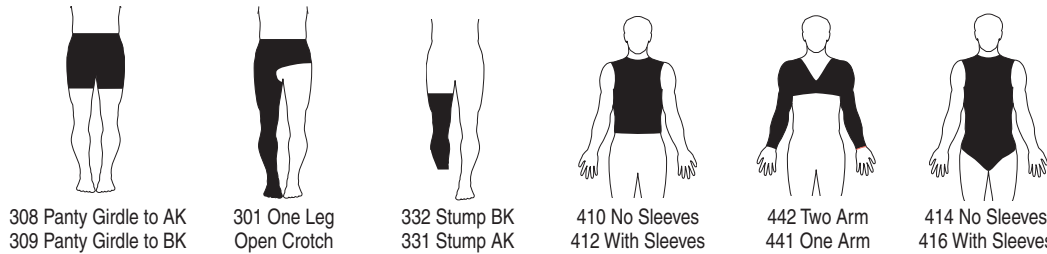
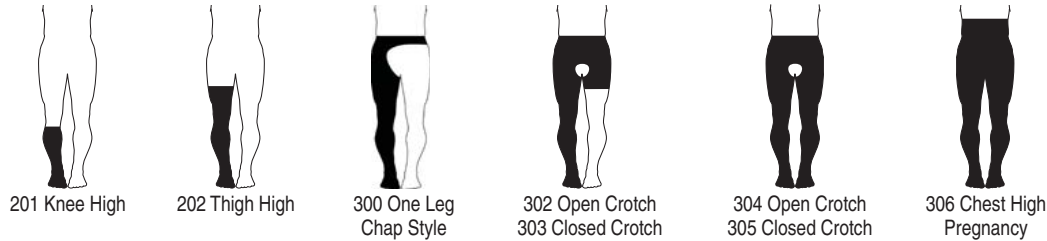


Physician _____			Fitter _____		
Purchase Order No _____		Date _____	Fitter's Phone No. _____		
Ordered by _____			Patient _____		Age _____
Street _____					
City _____	State _____	Zip _____	City _____	State _____	Zip _____



REQUIRED INFORMATION:
For Upper Extremity Prescriptions, Include:

Form F-035 (or) Form F-036

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 fatigue, stasis dermatitis, postphlebotic 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.

REORDER PATTERN NO. _____

SHIP TO:

- Patient
 Fitter
 Other ➔

Name _____
Address _____
City _____ State _____ Zip _____

Optional Information:

Cat. No.	Right	Left	Qty	Price
			Sub Total	
			Discount	
			Hotline	
			Total	

Please refer to our current price list for a description of the items shown on the left and a complete garment listing.

Other Comments & Instructions:

Check this box if there are instructions on other side