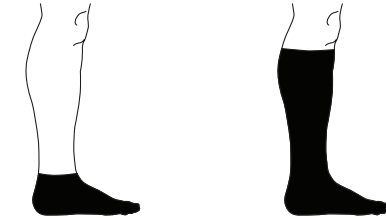


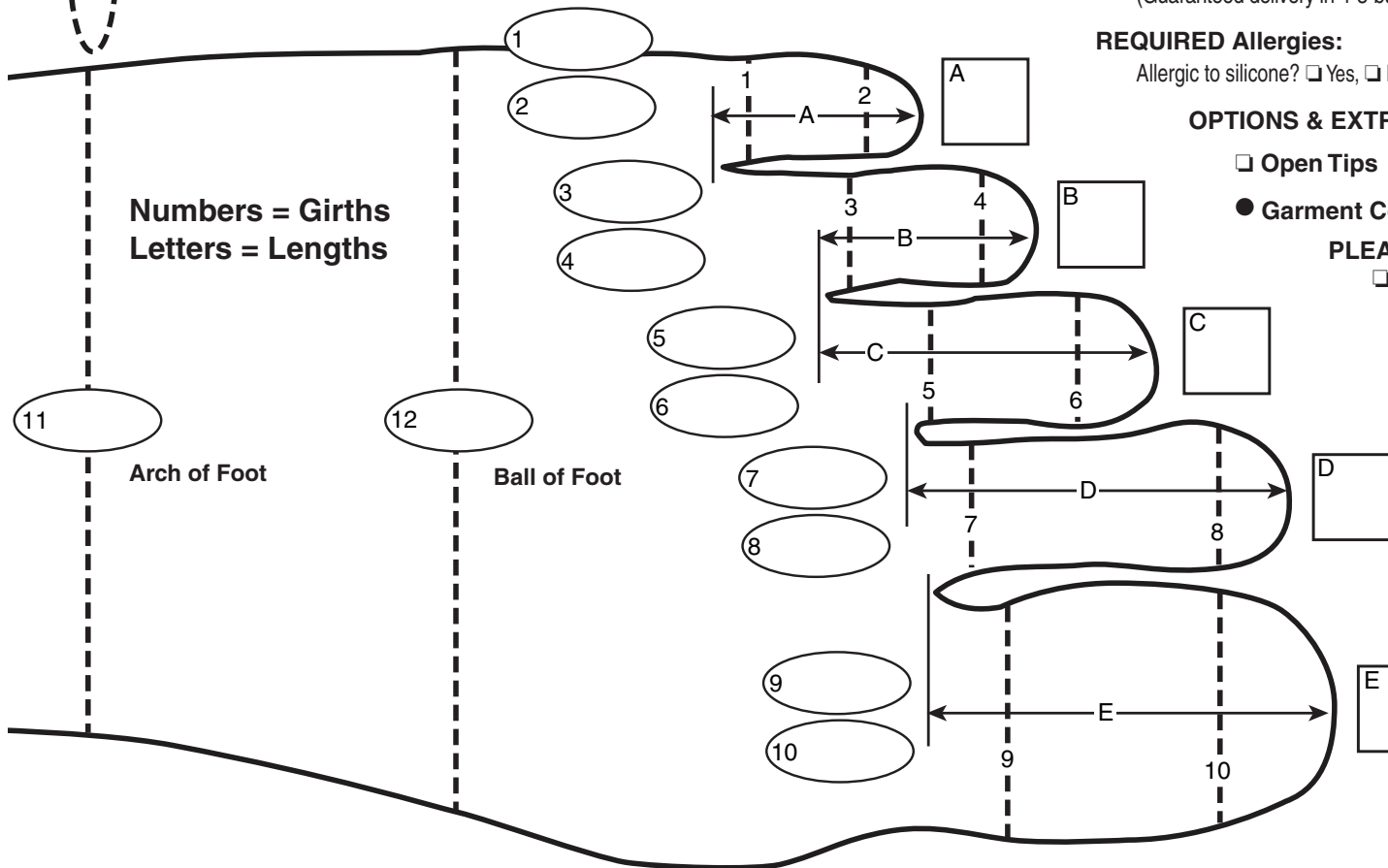
| | | |
|-------------------|----------------|--------------------|
| Purchase Order No | Date | Fitter's Phone No. |
| Ordered by | Patient | Age |
| Street | Ship to | |
| City State Zip | Street | |
| Fitter | City State Zip | |



460 **461**
Form F-034 also required for 460 or 461

All Dotted Lines:
Measure full
circumference

Form F-034 also required for all foot glove orders!



Numbers = Girths
Letters = Lengths

HOTLINE SERVICE

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

REQUIRED Allergies:

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

OPTIONS & EXTRAS:

Open Tips (or) **Closed Tips**

● **Garment Color No:** _____

PLEASE CHECK ONE:

Burn (or) **Lymphedema**

● **Elastic Band:**

- Regular - 1"**
- Regular - 2"**
- Silicone - 1"**
- Silicone - 2"**
- None**

Comments & Instructions:
