

Pure Night Lower Extremity Order Form

PATIENT INFORMATION

Name:

Therapist /Fitter: Name:

Phone Number:

Phone Number:

Measurement Date:

Email:

Order Date:

Reorder of Order #:

GARMENT

Style PN - LE -

Left Leg Right Leg

Channeling

Chevron Vertical

Containment

#1 Original #2 Stiffer

Compression

20-30 mmHg 30-40 mmHg

40-50 mmHg

Modifications

Pull-up Loops

Digit Spacers

Zippers

Closure

Placement Instruction

Accessories

Pure Cover Non Slip Pad

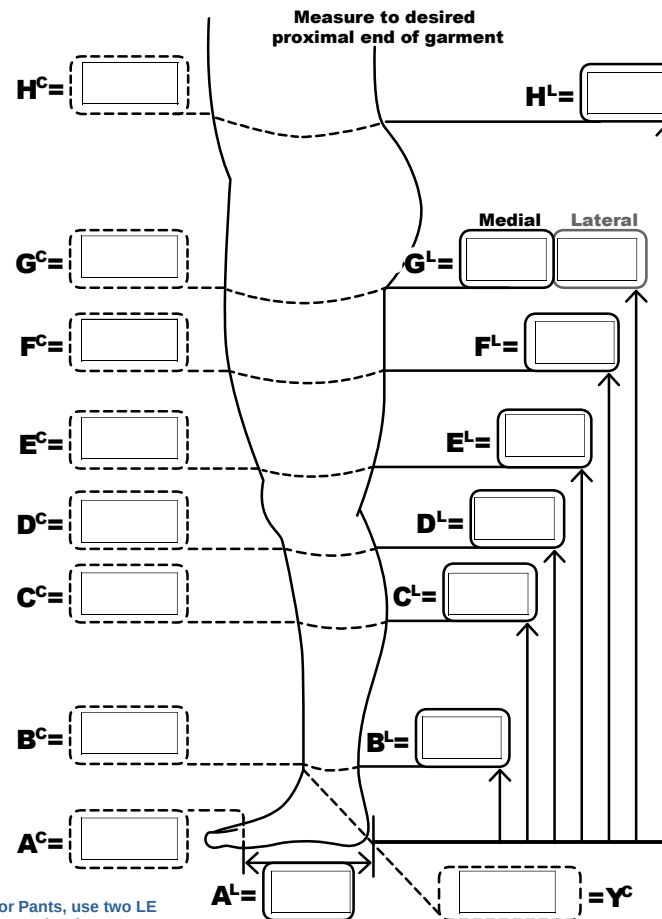
Notes:

MEASUREMENTS

(All measurements in centimeters)

C = Circumference

L = Length



For Pants, use two LE measuring forms

BILLING INFORMATION Quote Only

Business Name:

Phone: Fax:

Contact Name:

Account #: P.O. #:

Payment:

Credit card Net 30

Card #:

Exp: SID:

SHIPPING INFORMATION

Shipping:

Requested Delivery Date:

Standard Priority

Ship to:

Attn:

Street:

City: State: Zip:

Phone:

Email:

(for shipping notification)