



L&R INTERNAL USE ONLY

Caresia™ Order Form

1 Order Information

Order Date: ____ / ____ / ____ Contact Name: _____ Phone: _____
 P.O. #: _____ Email: _____ Fax: _____

2 Billing Information

Account #: _____

Bill to: _____
 Attn: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Card #: _____ Exp: ____ / ____ SID: _____

3 Shipping Information

Same Address as Billing

Ship to: _____
 Attn: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Shipping: Ground 2nd Day Overnight

4 Products

Caresia MCP to Axilla

Style		Size			Qty.
Left	Right	S	M	L	
Left	Right	S	M	L	
Left	Right	S	M	L	

Caresia Below Knee

Length			Size			Qty.
Short	Average	Tall	S	M	L	
Short	Average	Tall	S	M	L	
Short	Average	Tall	S	M	L	

Caresia Wrist to Axilla

Style		Girth			Qty.
Left	Right	S	M	L	
Left	Right	S	M	L	
Left	Right	S	M	L	

Caresia Thigh

Length			Size			Qty.
Short	Average	Tall	S	M	L	
Short	Average	Tall	S	M	L	
Short	Average	Tall	S	M	L	

Caresia Glove

Size				Qty.
Small	Medium	Large		
Small	Medium	Large		

Caresia Foot

Size				Qty.
Small	Medium	Large		
Small	Medium	Large		

Caresia Gauntlet

Size				Qty.
Small	Medium	Large		
Small	Medium	Large		

Submit completed order form by fax to 414-892-4150 or email to customerservice@us.LRmed.com.