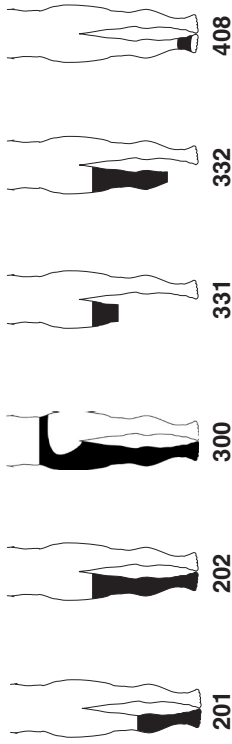


**Form F-030 IMF - for Use Without Paper Tapes**



Purchase Order No \_\_\_\_\_ Date \_\_\_\_\_ Fitter's Phone No. \_\_\_\_\_  
 Ordered by \_\_\_\_\_ Patient \_\_\_\_\_ Age \_\_\_\_\_  
 Street \_\_\_\_\_ Ship to \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Fitter \_\_\_\_\_ Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ 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:  M  F

**REQUIRED Allergies:**

Allergic to silicone?  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"  2" (or) Microdot  2"

● **Other Option(s):** \_\_\_\_\_

**INDICATIONS:**

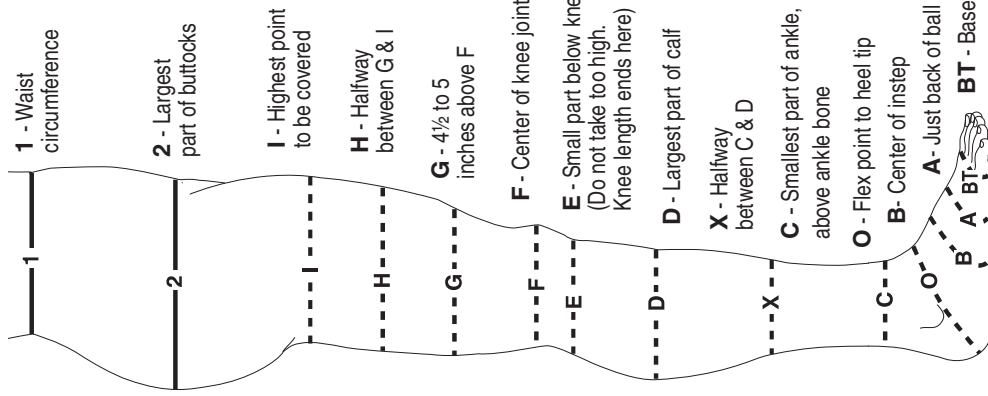
- 20-30 mm Hg:** Varicose veins (mild), arterial insufficiency with venous insufficiency
- 22-28 mm Hg:** Burns — prevention of hypertrophic scars.
- 30-40 mm Hg:** Varicose veins (moderate), assist fluid return, leg fatigue, stasis dermatitis, postphlebitic syndrome, post surgical stripping of phlebitis,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

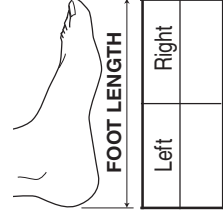
**STOCKINGS (Letters, Dotted Lines)**

LEFT		RIGHT	
Girth	Length	Girth	Length
I	F to I	I	F to I
H	F to H	H	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
X	Floor to X	X	Floor to X
C	Floor to C	C	Floor to C
O	Flex to heel tip	O	Flex to heel tip
B	Heel tip to B	B	Heel tip to B
A	Heel tip to A	A	Heel tip to A
BT	Heel tip to BT	BT	Heel tip to BT



**GARTER BELTS AND CHAPS**  
(Numbers, Solid Lines)

1	<input type="checkbox"/> Left Leg
2	<input type="checkbox"/> Right Leg



**INSEAM LENGTH**

\_\_\_\_\_