Invoice #
Order #

barton•carey
medical products

Custom-made elastic supports and burn garments

P.O. Box 421
Perrysburg, Ohio 43552
Toll Free 1-800-421-0444
Fax (419) 887-1286

☐ New Patient
☐ Existing Patient ☐ Re-Order ☐ Change Order ☐ Balance of Order
New Order (garment)

Please specify changes here:
(otherwise all features and specifications will be carried forward) _____

SHIPPING METHOD
Overnight ☐
2 Day Air ☐
Ground ☐
Other ☐

Barton•Carey File No:_____ Date:_____

PATIENT:_____
Last First Initial
Address: _____
City: _____ State: _____ Zip: _____
Phone No: ( )_____
Date of Birth: _____ ☐ Male ☐ Female

MEASURED BY: _____
Organization:_____
Address:_____
City: _____ State: _____ Zip: _____
Phone & Area Code ( ) _____

PHYSICIAN: _____
Field of Specialty: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone No: ( ) _____

Bill To: _____ **Salesperson:**_____
(Complete information below)
Name: _____
Address: _____
City: _____ State: _____ Zip: _____

Purchase Order No._____
Charge to: ☐ Visa ☐ Mastercard ☐ American Express ☐ Discover
Card No: _____
Expiration Date: _____

Make Checks Payable To Barton•Carey

SHIP TO: _____
(Complete Information below)
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
ATTN: _____
P.O. # On Label _____

☐ Overnight ☐ 2 Day Air ☐ Ground ☐ Other

COMMENTS AND SPECIAL INSTRUCTIONS:

Fabric Color: _____
Please type your selection:
Fabric Weight: Regular / Soft-Fit (circle one)
Not Available for Lower Extremity Garments to Prevent Blood Pooling
Monogramming: (Indicate Preferred Location) _____
Please type your selection:
Lace: Flat / Gathered (circle one)
Applique: (Indicate Preferred Location) _____
Contrasting Stitching/Color: _____
Other:_____

Attach measurement feature requirements page

DIAGNOSIS:

mm\Hg	Indications for Use (Other)
20-30	Arthritis Burns / Scar Management To Assist Fluid Dynamics Edema Edema secondary to vascular malformation Lymphedema / Lymphatic Malformations
40	Lymphedema / Lymphatic Malformations
50	Lymphedema
	Other General Medical Purposes
Prevent Blood Pooling Lower Extremity Garments*	
20-30	Arterial Insufficiency w/Venous insufficiency Orthostatic Hypotension (Mild)
35-40	Stasis Dermatitis Post Phlebitis Syndrome Varicose Veins Chronic Venous Insufficiency Orthostatic Hypotension (Moderate)

*Add II to lower extremity garment item number when ordering support to prevent blood pooling

Above are suggest counter pressures. Only the physician knows the patient's history and tolerance.

Caution: Federal law restricts these devises to sale by or on the order of a physician