

# Relax Order Form



Patient Name / BSN File # \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ Gender M  F

City/State/Zip \_\_\_\_\_

Diagnosis \_\_\_\_\_

Doctor / Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

<b>PO#</b>	
Original Order <input type="checkbox"/>	Reorder w Changes <input type="checkbox"/>
Exact Reorder <input type="checkbox"/>	Schema # _____

Fitter Name \_\_\_\_\_ Fitter # \_\_\_\_\_ Fitter Phone \_\_\_\_\_

Fitter Facility \_\_\_\_\_ Fitter email \_\_\_\_\_

Ship To Acct # \_\_\_\_\_ Acct Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email\* \_\_\_\_\_ Phone \_\_\_\_\_ FAX \_\_\_\_\_

\*By choosing communication via email (above), I acknowledge that Personal Health Information associated with this purchase may be transmitted from BSN in a non-encrypted manner.

Bill To Acct # \_\_\_\_\_ Acct Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_ FAX \_\_\_\_\_

Last 4 digits of credit card on file \_\_\_\_\_ OR  New card - call to provide credit card #

Name on CC \_\_\_\_\_ Exp. \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

### Armsleeves

Quantity/Class	CCL 1 (15-20 mmHg*)
Left	
Right	

### Style

- CG Armsleeve
- AG Armsleeve w/gauntlet

### Color

- Beige
- Rose

### Lower Extremities

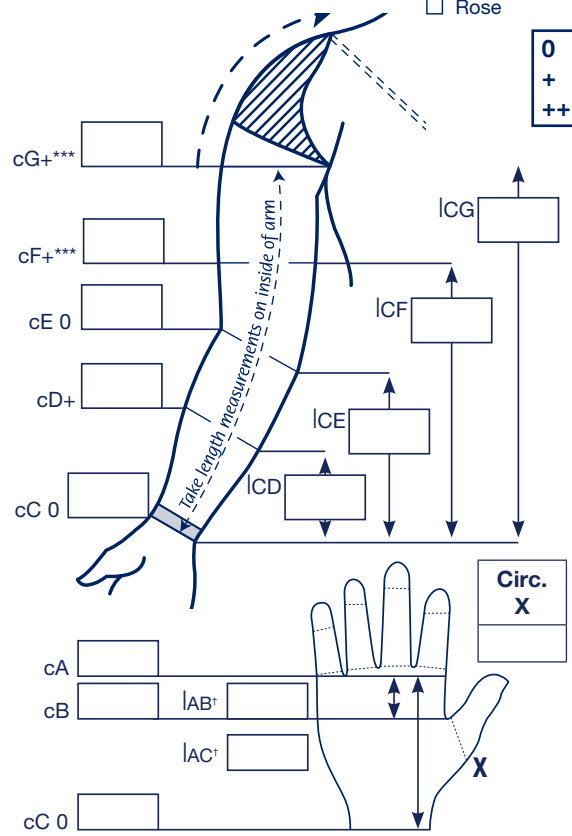
Quantity/Class	CCL 1 (15-20 mmHg*)	CCL 2 (20-30 mmHg*)
Left (AD and AG)		
Right (AD and AG)		

### Style

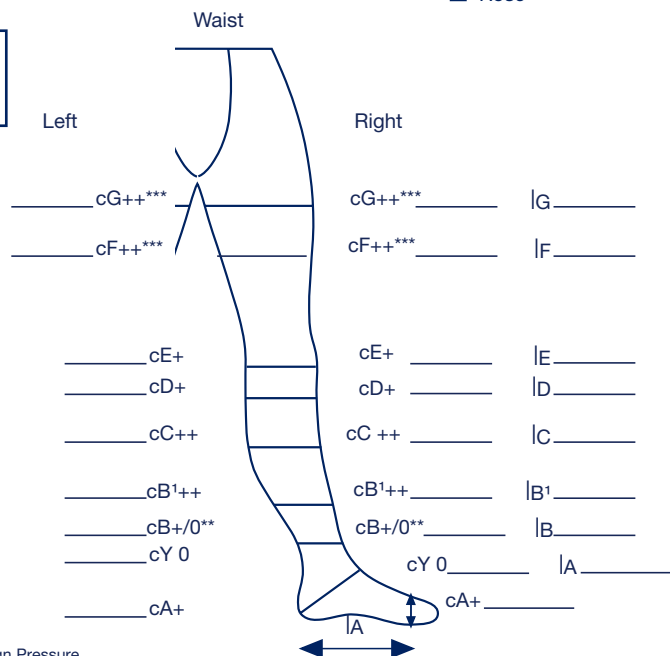
- Knee High
- Thigh High

### Color

- Beige
- Rose



**0** no tension  
**+** light tension  
**++** heavy tension



\* Design Pressure  
 \*\* If cB is <20cm, cB should be measured with 0 tension  
 \*\*\* If needed, slightly more tension can be used  
 † Add 1 cm to IAB and IAC

