

Patient Name / ID Code or File # _____ Date _____
 Address _____ Gender M F
 City/State/Zip Code _____ DOB _____

Fitter Name _____	Fitter # _____ <small>(Not Required)</small>	Fitter Phone _____
Fitter Facility _____	Email _____	
Ship To Acct # _____	Acct Name _____	
Address _____	City _____	State _____ Zip Code _____
Email _____	Phone _____	Fax _____
Bill To Acct # _____	Acct Name _____	
Address _____	City _____	State _____ Zip Code _____
Email _____	Phone _____	Fax _____

PO# _____

Original Order Reorder w Changes
 Exact Reorder Schema # _____

Confirmation Fax # _____

Email _____

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

Color	Styles	Quantity/Class	CCL1 <small>(18-21mmHg†)</small>	CCL2 <small>(23-32mmHg†)</small>	CCL3 <small>(34-46mmHg†)</small>
<input type="checkbox"/> Beige <input type="checkbox"/> Anthracite Heather <input type="checkbox"/> Black <input type="checkbox"/> Jeans Heather <input type="checkbox"/> Caramel <input type="checkbox"/> Red Heather	<input type="checkbox"/> AD Knee <input type="checkbox"/> AB1 Sock <input type="checkbox"/> CT Capri <input type="checkbox"/> AG Thigh <input type="checkbox"/> BT Capri <input type="checkbox"/> ET Bermuda <input type="checkbox"/> AT Panty <input type="checkbox"/> B1T Capri <input type="checkbox"/> AG-HT 1 Leg Panty	Left _____ Right _____			

AD Band Options

Without Silicone SoftFit Band AD
NOTE: this is a 5cm band

AG Band Options

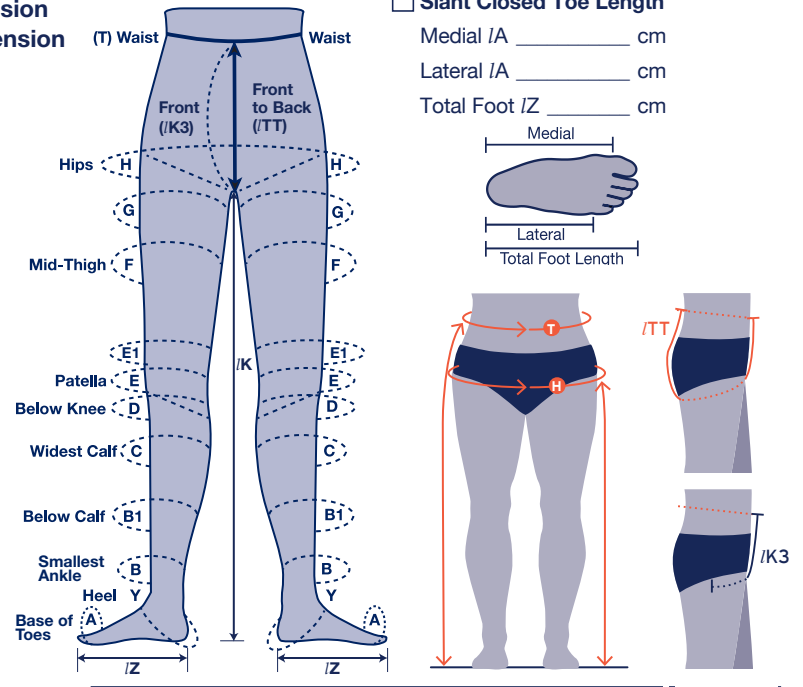
5cm Dotted Band With Lateral Rise (Standard)

Measuring Guidelines
(Only applicable for Confidence) See box below for applicable tension at each landmark.

0 no tension
 + light tension
 ++ heavy tension

Options	Circum. (c)	Length (l)	Length (l)
	cT ⁰	/TT	/T
	cH ⁰	/K3	/H
Circumference (c)	Length (l): Taken from each landmark to floor		
	Left	Right	AT leg lengths and CCL must be equal.
			/K
cG ^{++/+**}		/G	
cF ⁺⁺		/F	
cE1 ^Δ		/E1	
cE ⁺		/E	
cD ^{+/0...}		/D	
cC ⁺⁺		/C	
cB1 ⁺⁺		/B1	
cB ⁺		/B	
cY ⁰			
cA ^{+ΔΔ}			

* only available in AD and AG
 † design pressure
 Δ cE1 for Bermuda only, measure 4cm above kneecap
 ** silicone band & straight ending
 †† n/a Hallux Valgus
 *** if silicone band
 ΔΔ if patient is standing



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