

Relax Order Form

TO ORDER:
Email: ca.elvarex@essity.com
Phone: 1.877.358.2739 | 1.877.978.5526
Fax: 1.877.978.9703



Patient Name / Essity File # _____ DOB _____

Address _____ Gender M F

City/Province/PostalCode _____

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

Diagnosis _____

Fitter Name _____	Fitter # _____	Fitter Phone _____
Fitter Facility _____	Fitter email _____	

Ship To Acct # _____	Acct Name _____
Address _____	City _____ Province _____ Postal Code _____
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 _____ Province _____ Postal Code _____
Email* _____	Phone _____ FAX _____

Armsleeves

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

Style

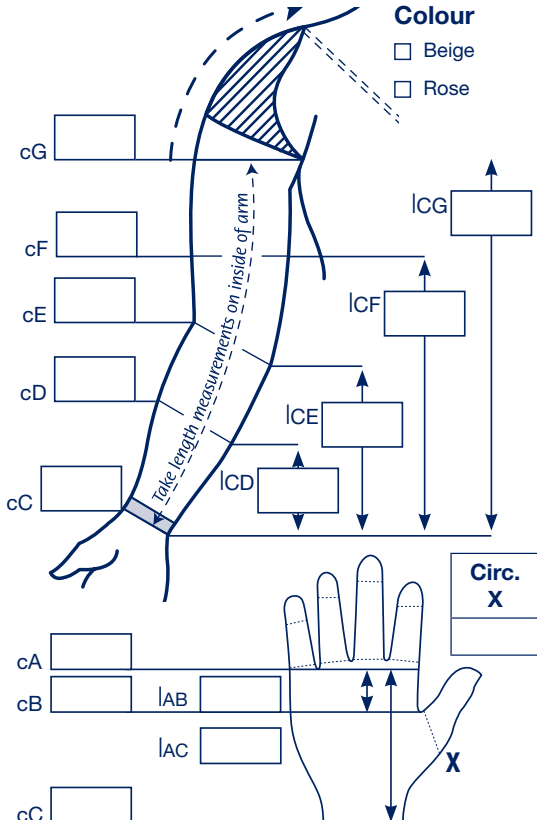
- C-GI
- A - GI gauntlet

Options

- Zipper
(Inside C-E)

Colour

- Beige
- Rose



Lower Extremities

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

Basic styles

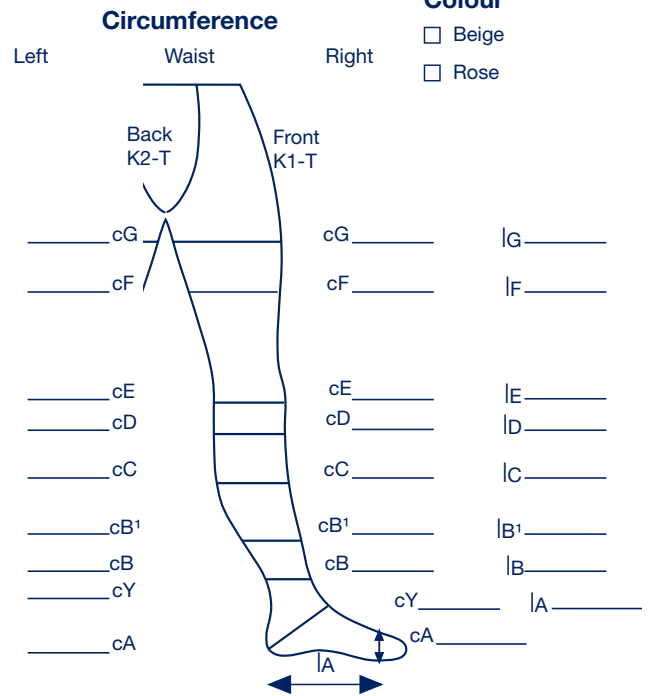
- Knee High
- Thigh High

Options

- Zipper
(Back of leg B-D)

Colour

- Beige
- Rose



* Design Pressure