

Patient Name / Essity File # _____ DOB _____ Date _____

Address _____ Gender M F

City/Province/Postal Code _____

Diagnosis _____

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

Fitter Name _____ Fitter # _____ Fitter Phone _____
Fitter Facility _____ Email _____

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

Bill To Acct # _____ Acct Name _____
Address _____ City _____ Province _____ Postal Code _____
Email _____ Phone _____ Fax _____

Confirmation Fax # _____ Email _____	Qty/Class	CCL1 (15-21mmHg*)	CCL2 (23-32mmHg*)	CCL2F† (23-32mmHg*)
	Left			
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.				
	Right			

Elvarex[®]** <input type="checkbox"/> Beige <input type="checkbox"/> Cocoa <input type="checkbox"/> Grey <input type="checkbox"/> Black <input type="checkbox"/> Navy <input type="checkbox"/> Cranberry	Elvarex[®] Plus** <input type="checkbox"/> Beige <input type="checkbox"/> Cocoa <input type="checkbox"/> Cranberry <input type="checkbox"/> Black <input type="checkbox"/> Grey <input type="checkbox"/> Navy <input type="checkbox"/> Red	Elvarex[®] Soft Seamless <input type="checkbox"/> Beige <input type="checkbox"/> Navy <input type="checkbox"/> Grey <input type="checkbox"/> Black <input type="checkbox"/> Cranberry <input type="checkbox"/> Cherry
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Small Toe Open*** Left <input type="checkbox"/> 0.5cm <input type="checkbox"/> 1cm <input type="checkbox"/> 1.5cm Right <input type="checkbox"/> 0.5cm <input type="checkbox"/> 1cm <input type="checkbox"/> 1.5cm	All 5th Toe circumferences are required for Elvarex [®] Plus, even if choosing open 5th toe option.	Small Toe Covered*** <input type="checkbox"/> Left <input type="checkbox"/> Right
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