



Confidence® Order Form AD/AG

TO ORDER:

Email: ca.elvarex@essity.com

Tel: 1-877-978-5526 | 1-877-358-2739

Fax: 1-877-978-9703

Patient Name / ID Code or File # _____ DOB _____ Date _____

Address _____ Gender M F

City/Province/ Postal Code _____

Diagnosis _____

PO#

Original Order Reorder w Changes

Exact Reorder

Schema # _____

Fitter Name _____ Fitter # _____ Fitter Phone _____
(Not Required)

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 _____

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.

Quantity/Class

CCL1
(18-21mmHg*)

CCL2
(23-32mmHg*)

CCL3
(34-46mmHg*)

Left

Right

Colour

- Beige
- Anthracite Heather
- Black
- Jeans Heather
- Caramel
- Red Heather

Styles

- AD Knee
- AG High

AD Band Options

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

AG Band Options

- 5 cm Dotted Band With Lateral Rise (Standard)

Special AD/AG Options

- Lateral Rise = 10% of circumference at D/G and is not adjustable (ex: if cD/cG is 35cm then lateral rise is 3.5cm)

- Ankle Comfort Zone

- Knee Comfort Zone (AG only)

- Halux Vargus

Decorative Options

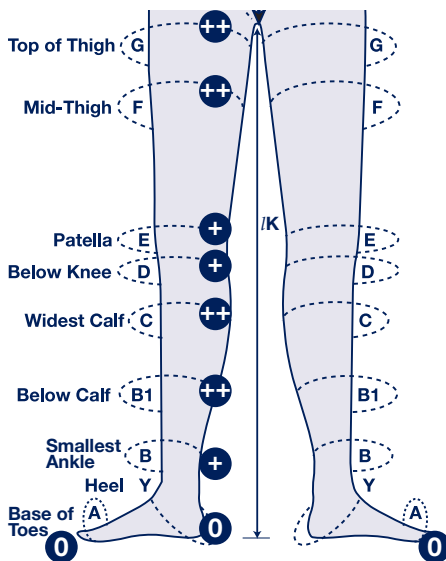
- Decorative Line (Front of garment)
- Patient Initials Max 2 letters (A-Z) _____

Measuring Guidelines

(Only applicable for Confidence) See Leg

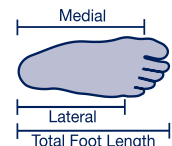
Diagram for applicable tension at each landmark.

- 0 no tension
- + light tension
- ++ heavy tension



Circumference (c)		Length (l): Taken from each landmark to floor	
Left	Right	Left	Right
		lK	
cG		lG	
cF		lF	
cE		lE	
cD		lD	
cC		lC	
cB1		lB1	
cB		lB	
cY		lA (medial)	
cA		lA (lateral)	

- Straight Open Toe Length
Lateral _____ cm
- Straight Closed Toe Length
Total Foot _____ cm
- Slant Open Toe Length
Medial _____ cm
Lateral _____ cm
- Slant Closed Toe Length
Medial _____ cm
Lateral _____ cm
Total Foot _____ cm



* Design Pressure



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