

Glove/Gauntlet Order Form

Elvarex[®], Elvarex[®] Plus, Elvarex[®] Soft Seamless

TO ORDER:
Email: ca.elvarex@essity.com
Tel: 1-877-978-5526
1-877-358-2739
Fax: 1-877-978-9703

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 _____

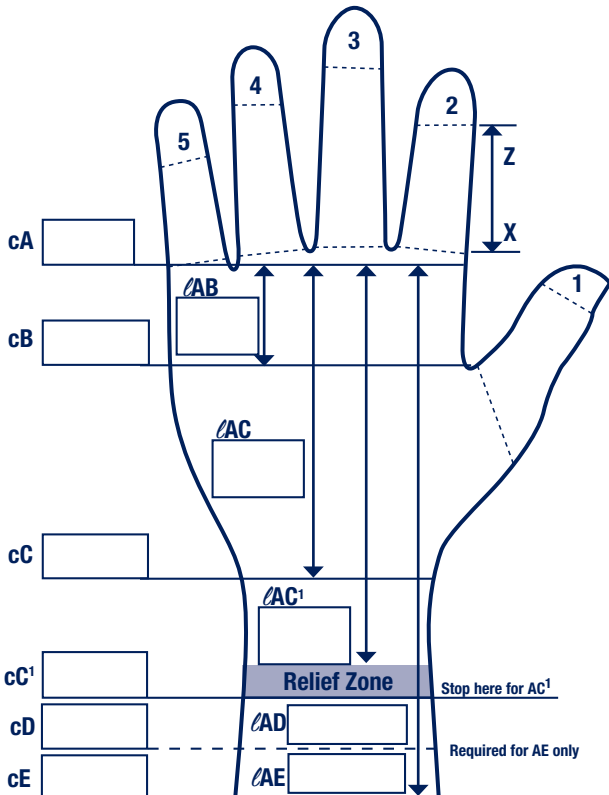
Ship To Acct # _____ Acct Name _____
Address _____ City _____ Province _____ Postal Code _____
Email _____ Phone _____ Fax _____

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

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

Elvarex[®]** <input type="checkbox"/> Beige <input type="checkbox"/> Honey <input type="checkbox"/> Cranberry <input type="checkbox"/> Black <input type="checkbox"/> Caramel <input type="checkbox"/> Navy <input type="checkbox"/> Cherry	Elvarex[®] Soft Seamless <input type="checkbox"/> Beige <input type="checkbox"/> Cranberry <input type="checkbox"/> Cherry <input type="checkbox"/> Black <input type="checkbox"/> Honey <input type="checkbox"/> Navy	Elvarex[®] Plus** <input type="checkbox"/> Beige <input type="checkbox"/> Honey <input type="checkbox"/> Cranberry <input type="checkbox"/> Red <input type="checkbox"/> Black <input type="checkbox"/> Caramel <input type="checkbox"/> Navy <input type="checkbox"/> Cherry
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Style <input type="checkbox"/> AC ¹ Glove <input type="checkbox"/> AE Glove to Elbow ≥13 cm past wrist <input type="checkbox"/> AC ¹ Gauntlet <input type="checkbox"/> AE Gauntlet to Elbow ≥13 cm past wrist	Pocket† (only Elvarex) <input type="checkbox"/> Back of hand <input type="checkbox"/> Palm	Zipper† (only Elvarex) <input type="checkbox"/> Back of hand <input type="checkbox"/> Palm
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	Circ. Z	Circ. X	Length Z-X min. 1cm
Thumb 1			
Finger 2			
Finger 3			
Finger 4			
Finger 5			

* Design Pressure
****CAUTION:** This product contains natural rubber latex which may cause allergic reactions.
 † Only available in Elvarex[®]
 For additional product order forms, please go to <http://www.jobstcompressioninstitute.com/resources/orders>