



Confidence®
Order Form AD/AG

TO ORDER:

Email: ca.customerservice@essity.com

Tel: 1-877-978-5526 Fax: 1-877-978-9703

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

Address _____ Gender M F

City/Province/ Postal Code _____

Diagnosis _____

Doctor/Address _____

City/Province/ Postal Code _____

PO#	
Original Order <input type="checkbox"/>	Reorder w Changes <input type="checkbox"/>
Exact Reorder <input type="checkbox"/>	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 # _____ Last 4 digits of credit card on file OR Exp. _____

Email _____ New card - call to provide credit card #

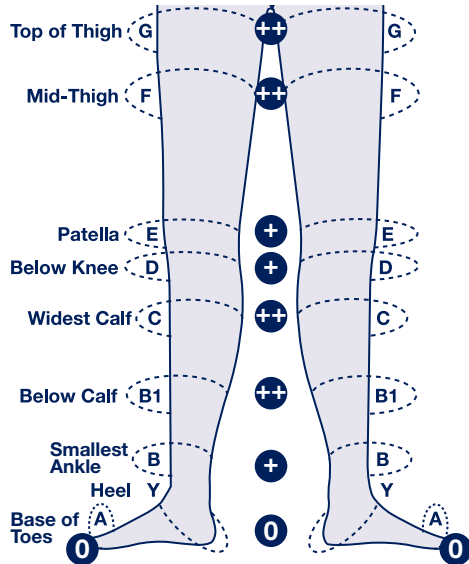
By choosing communication via email (above), I acknowledge that Personal Health Information associated with this purchase may be transmitted from Essity in a non-encrypted manner.

Name on CC _____ Postal code _____

Colour	Styles	Quantity/Class	CCL1 (18-21mmHg*)	CCL2 (23-32mmHg*)	CCL3 (34-46mmHg*)
<input type="checkbox"/> Beige <input type="checkbox"/> Anthracite Heather	<input type="checkbox"/> AD Knee	Left			
<input type="checkbox"/> Black <input type="checkbox"/> Jeans Heather	<input type="checkbox"/> AG High	Right			
<input type="checkbox"/> Caramel <input type="checkbox"/> Red Heather					

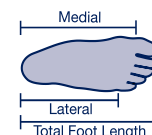
<p>Special AD/AG Options</p> <p><input type="checkbox"/> Lateral Rise =10% of circumference at D/G and is not adjustable (ex: if cD/cG is 35cm then lateral rise is 3.5cm)</p>	<p><input type="checkbox"/> Ankle Comfort Zone</p> <p><input type="checkbox"/> Knee Comfort Zone</p>	<p>Decorative Options</p> <p><input type="checkbox"/> Decorative Line (Front of garment)</p> <p><input type="checkbox"/> Patient Initials Max 2 letters (A-Z) _____</p>
---	--	--

<p>Measuring Guidelines (Only applicable for Confidence) See Leg Diagram for applicable tension at each landmark.</p> <p>0 no tension + light tension ++ heavy tension</p>	<p>AD Band Options</p> <p><input type="checkbox"/> Without Silicone</p> <p><input type="checkbox"/> SoftFit Band AD NOTE: this is a 5 cm band</p>	<p>AG Band Options</p> <p><input type="checkbox"/> 5 cm Dotted Band With Lateral Rise (Standard)</p>
--	--	---



Circumference (c)		Length (l): Taken from each landmark to floor	
Left	Right	Left	Right
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



Essity, 1275 North Service Road West, Suite 800
Oakville, ON Canada L6M 3G4
Tel. 1-877-978-5526 Fax 1-877-978-9703

* Design Pressure