

Glove/Gauntlet Order Form

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



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info@stillmeinc.com

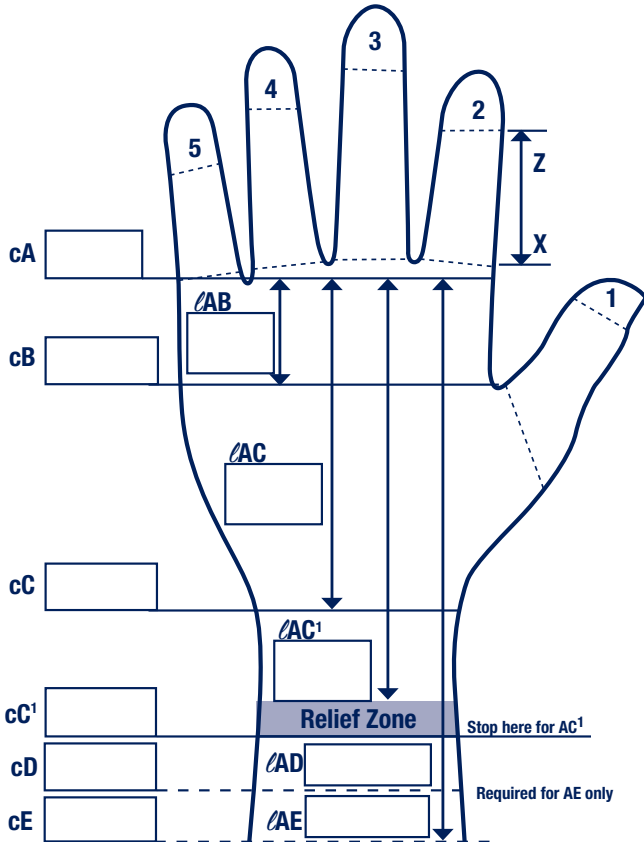
Patient: First Name _____ Last Name _____

Fitter: _____ Clinic _____

Fitter Title _____ (PT/OT/PTA) Date: _____

Elvarex[®]** <input type="checkbox"/> Cherry <input type="checkbox"/> Beige <input type="checkbox"/> Navy <input type="checkbox"/> Black <input type="checkbox"/> Cranberry <input type="checkbox"/> Honey <input type="checkbox"/> Caramel <small>(CCL 1, 2 only)</small>	Elvarex[®] Soft Seamless <input type="checkbox"/> Beige <input type="checkbox"/> Cranberry <input type="checkbox"/> Grey <input type="checkbox"/> Black <input type="checkbox"/> Cherry <input type="checkbox"/> Cocoa <input type="checkbox"/> Honey <input type="checkbox"/> Navy	Elvarex[®] Plus <input type="checkbox"/> Beige <input type="checkbox"/> Cherry <input type="checkbox"/> Black <input type="checkbox"/> Navy <input type="checkbox"/> Honey <input type="checkbox"/> Cranberry <input type="checkbox"/> Caramel	Qty/Class	CCL1 <small>(15-21mmHg*)</small>	CCL2 <small>(23-32mmHg*)</small>	CCL2F† <small>(23-32mmHg*)</small>
			Left			
			Right			

Style <input type="checkbox"/> AC [†] Glove <input type="checkbox"/> AC [†] Gauntlet	<input type="checkbox"/> AE Glove to Elbow >13 cm past wrist <input type="checkbox"/> AE Gauntlet to Elbow ≥13 cm past wrist	Pocket[†] <input type="checkbox"/> Back of hand <input type="checkbox"/> Palm	Zipper[†] <input type="checkbox"/> Back of hand <input type="checkbox"/> Palm
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	Circ. Z	Circ. X	Length Z-X
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[®]
 NOTE: Garments ordered in black and beige have an estimated arrival time of 4-5 business days from the date submitted. All others colors have an estimated arrival time of 7-10 business days from the date submitted.