

Pure Night Lower Extremity Order Form

PATIENT INFORMATION

Name: Phone Number: Measurement Date: Order Date:
 Therapist /Fitter: Name: Phone Number: Email: Reorder of Order #:

GARMENT

Style PN - LE -
 Left Leg Right Leg

Channeling
 Chevron Vertical

Containment
 #1 Original #2 Stiffer

Compression
 20-30 mmHg 30-40 mmHg
 40-50 mmHg

Modifications
 Pull-up Loops
 Digit Spacers
 Zippers
 Closure

Accessories
 Pure Cover

Notes:

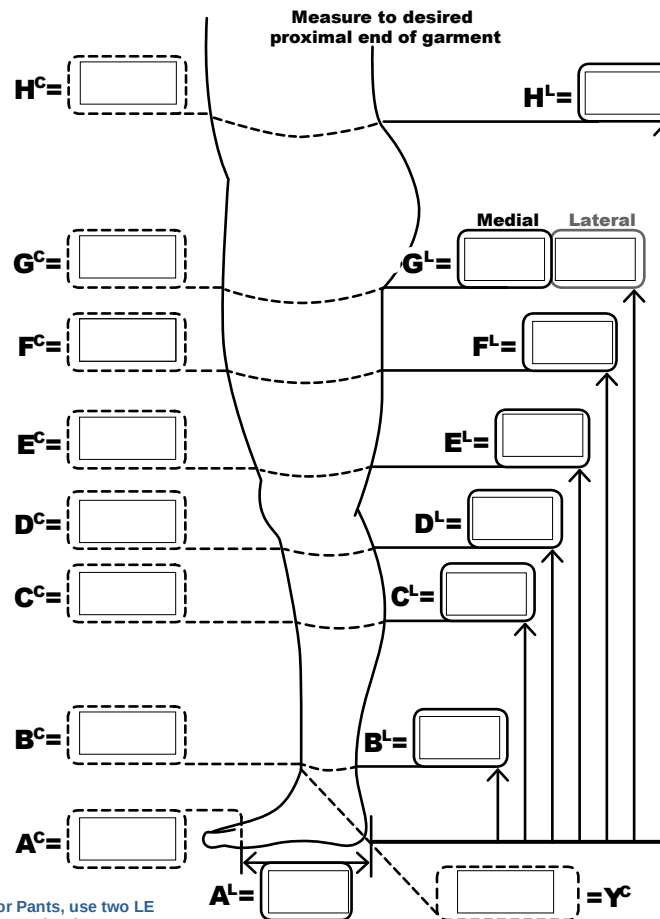
Placement Instruction

MEASUREMENTS

(All measurements in centimeters)

C = Circumference

L = Length



For Pants, use two LE measuring forms

BILLING INFORMATION Quote Only

Business Name:
 Phone: Fax:
 Contact Name:
 Account #: P.O. #:
 Payment:
 Credit card Net 30
 Card #:
 Exp: SID:

SHIPPING INFORMATION

Shipping:
 Requested Delivery Date:
 Standard Priority
 Ship to:
 Attn:
 Street:
 City: State: Zip:
 Phone:
 Email:
 (for shipping notification)