

Pure Night Upper Extremity Order Form

PATIENT INFORMATION

Name:

Therapist /Fitter: Name:

Phone Number:

Phone Number:

Measurement Date:

Email:

Order Date:

Reorder of Order #:

GARMENT

Style PN - UE -

Left Arm Right Arm

Thumb Slit Full Thumb

Channeling

Chevron Vertical

Containment

#1 Original #2 Stiffer

Compression

20-30 mmHg 30-40 mmHg

Modifications	Placement Instruction
<input type="checkbox"/> Pull-up Loops <input type="checkbox"/> Digit Spacers <input type="checkbox"/> Zippers <input type="checkbox"/> Closure	

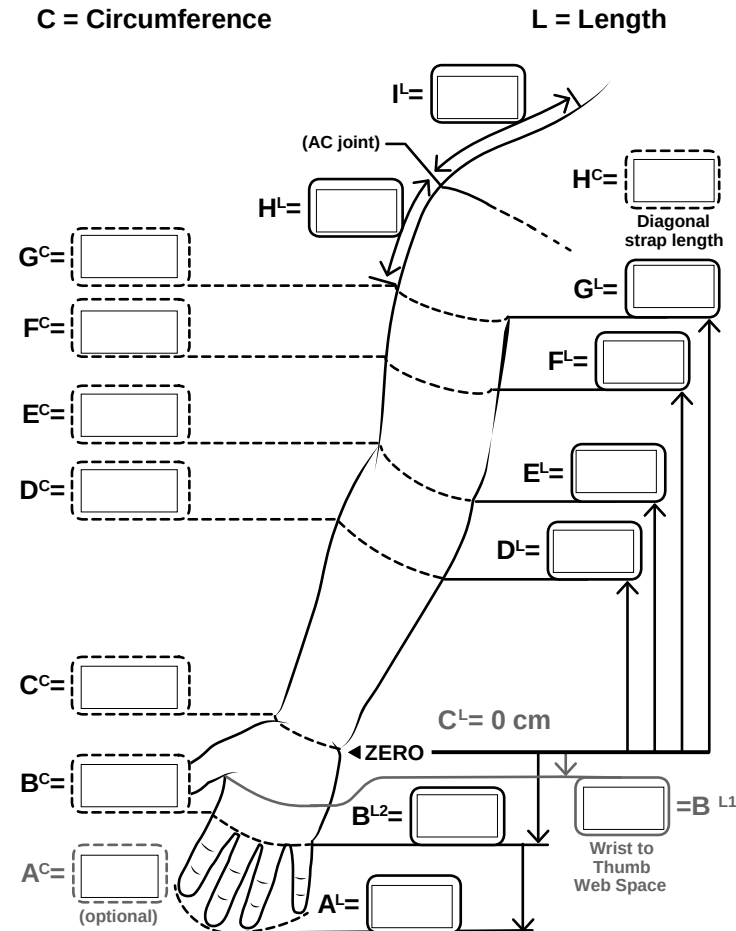
Accessories

Pure Cover

Notes:

MEASUREMENTS

(All measurements in centimeters)



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)

Email : pureorders@puremedical.us or Fax: 414-928-5315

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