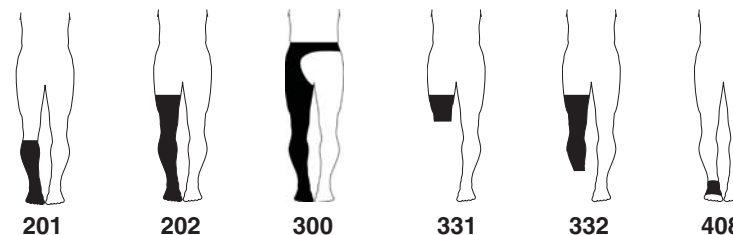




20 Days Delivery Guarantee

Form F-030 IMF - for Use Without Paper Tapes

Patient Name	Order No.
Date Measured	
Measured by	Telephone
Clinic / Hospital	E-mail



Please refer to our current price list for a description of these items

HOTLINE SERVICEGuaranteed delivery in 4-5 business days, or less) **Additional Cost**Sex: ☐ M ☐ F**Allergies:**Allergic to silicone? ☐ Yes (or) ☐ No | Allergic to metal? ☐ Yes (or) ☐ No☐ **Knee Length:** ☐ L ☐ R | ☐ **Thigh Length:** ☐ L ☐ R☐ **Chaps:** ☐ 300 ☐ L ☐ R | ☐ 307 | ☐ Both**WAIST LENGTH SUPPORTS:**

See Form F-029

OPTIONS & EXTRAS:

● **Zipper:** ☐ Inside (or) ☐ Outside
☐ Open (or) ☐ Closed

● **Garment Color No:** _____

● **Toe Caps:** ☐ None/Open (or) ☐ Soft* (or) ☐ Self*
 (*Indicate Foot Length in Diagram)

● **Reinforcement:** ☐ Heel | ☐ Knee Front
☐ Knee Back | ☐ Inner Thigh

● **Flex/Contracture Seam:** ☐ Instep | ☐ Knee Back

● **Elastic Band:** Regular ☐ 1" ☐ 2"
 (or) Silicone ☐ 1" ☐ 2"

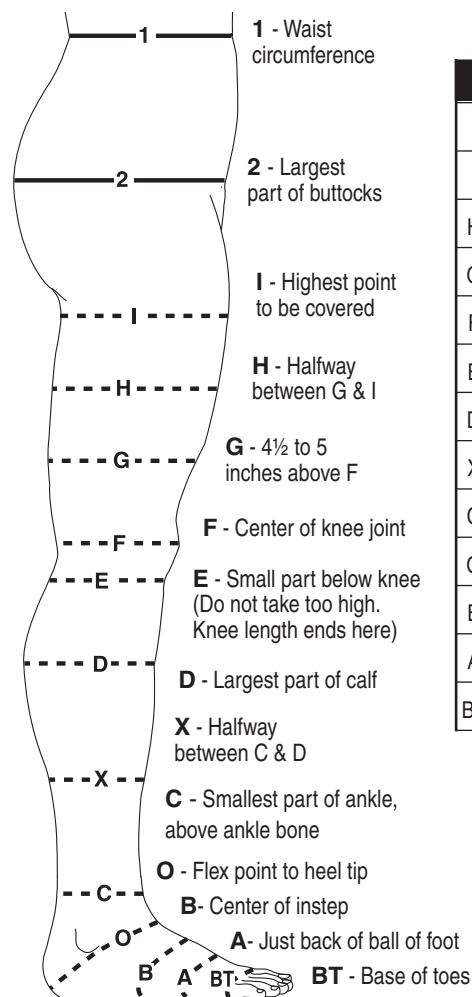
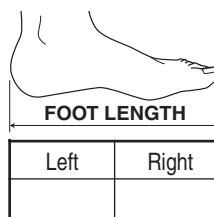
● **Other Option(s):** _____**INDICATIONS:**

- ☐ **20-30 mm Hg:** Varicose veins (mild), arterial insufficiency with venous insufficiency.
- ☐ **22-28 mm Hg:** Burns — prevention of hypertrophic scars.
- ☐ **30-40 mm Hg:** Varicose veins (moderate), assist fluid return, leg fatigue, stasis dermatitis, postphlebotic syndrome, post surgical stripping of sclerosing, postfracture edema, prophylactic treatment of edema and phlebitis, lymphedema (moderate).
- ☐ **40-50 mm Hg:** Chronic venous insufficiency, stasis dermatitis (severe), lymphedema (severe), chronic venous insufficiency (severe), orthostatic hypotension (moderate).
- ☐ **50-60 mm Hg:** Orthostatic hypotension (severe), postthrombosis (severe), intractable edema.

Contraindications: Non-ambulatory use, severe arterial insufficiency, cutaneous infection, acute hypodermatitis, wet dermatitis, dermatitis.

☐ **Check this box if there are instructions on other side****STOCKINGS (Letters, Dotted Lines)**

LEFT			RIGHT		
Girth	Length		Girth	Length	
I	F to I		I	F to I	
H	F to H		H	F to H	
G	F to G		G	F to G	
F	Floor to F		F	Floor to F	
E	Floor to E		E	Floor to E	
D	Floor to D		D	Floor to D	
X	Floor to X		X	Floor to X	
C	Floor to C		C	Floor to C	
O	Flex to heel tip		O	Flex to heel tip	
B	Heel tip to B		B	Heel tip to B	
A	Heel tip to A		A	Heel tip to A	
BT	Heel tip to BT		BT	Heel tip to BT	

**INSEAM LENGTH****GARTER BELTS AND CHAPS (Numbers, Solid Lines)**

1	<input type="checkbox"/> Left Leg
2	<input type="checkbox"/> Right Leg