

Elvarex.

Stump

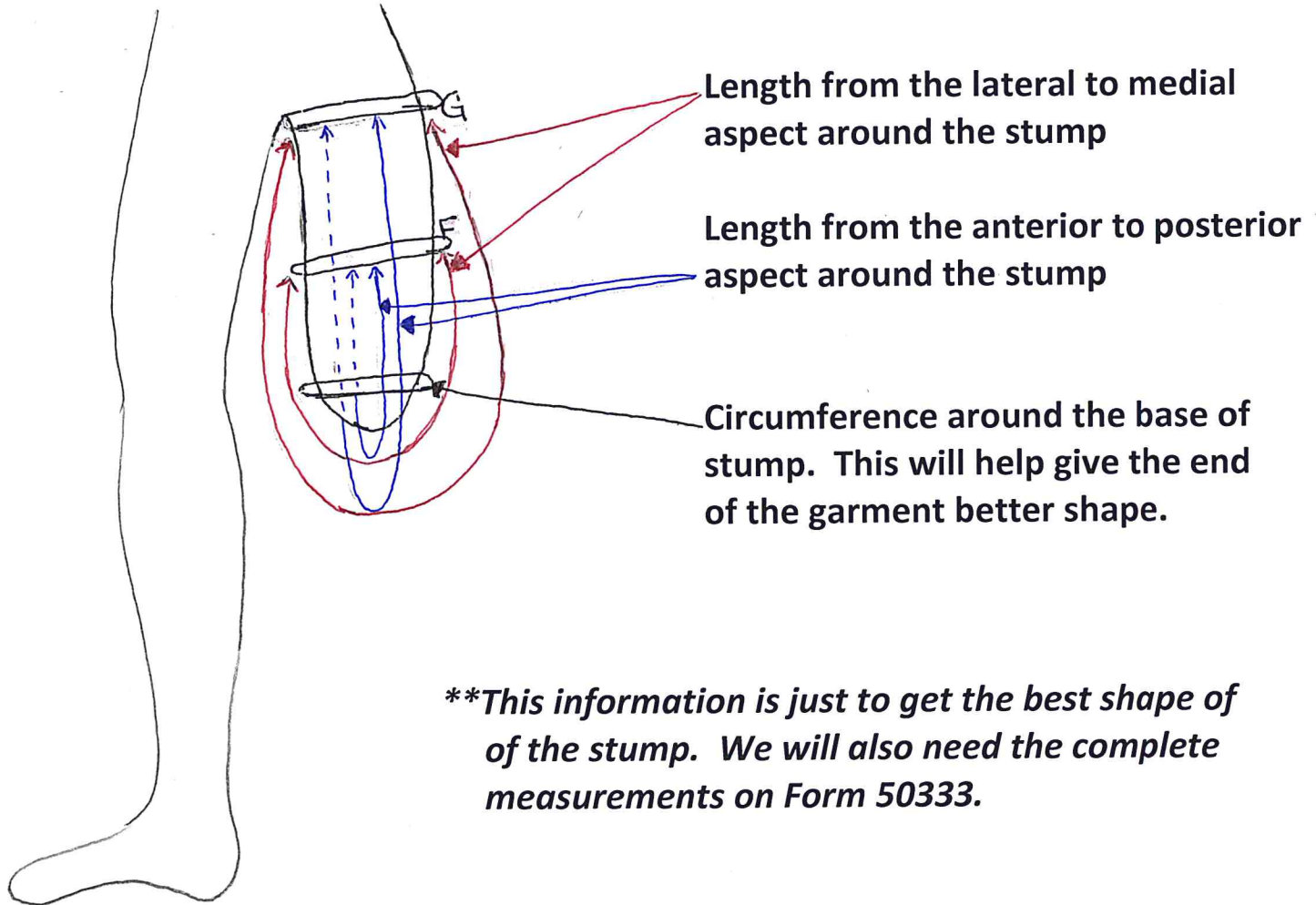
MUST COME WITH FORM 50333

Patient's Name/ID Code or File #: _____

Address: _____

City/State/Zip: _____

Date: _____



- Include lengths from whichever landmarks are applicable; G/F/E....
- Include a tracing of the end of the stump to show any abnormal protrusions.
 - Tracing must contain 1-inch x 1-inch scale for reference.
- Pictures are very helpful; front, side, back...
- Please have fitter call Customer Service Lymphology Team before measuring if assistance is needed.
 - 800-221-7573 option 3 for the Lymphology Team