

Patient Name / Essity File # \_\_\_\_\_ DOB \_\_\_\_\_

 Address \_\_\_\_\_ Gender M  F 

City/Province/Postal Code \_\_\_\_\_

Diagnosis \_\_\_\_\_

PO#	
Original Order <input type="checkbox"/>	Reorder w Changes <input type="checkbox"/>
Exact Reorder <input type="checkbox"/>	Schema # _____

 Fitter Name \_\_\_\_\_ Fitter # \_\_\_\_\_ Fitter Phone \_\_\_\_\_  
 Fitter Facility \_\_\_\_\_ Fitter email \_\_\_\_\_

 Ship To Acct # \_\_\_\_\_ Acct Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Email\* \_\_\_\_\_ Phone \_\_\_\_\_ FAX \_\_\_\_\_

\*By choosing communication via email (above), I acknowledge that Personal Health Information associated with this purchase may be transmitted from BSN in a non-encrypted manner.

 Bill To Acct # \_\_\_\_\_ Acct Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Email\* \_\_\_\_\_ Phone \_\_\_\_\_ FAX \_\_\_\_\_

**Armsleeves**

Quantity/Class	CCL 1 (15-20 mmHg*)
Left	
Right	

**Style**

- 
- CG Armsleeve
- 
- 
- AG Armsleeve w/Gauntlet

**Colour**

- 
- Beige
- 
- 
- Rose

**Lower Extremities**

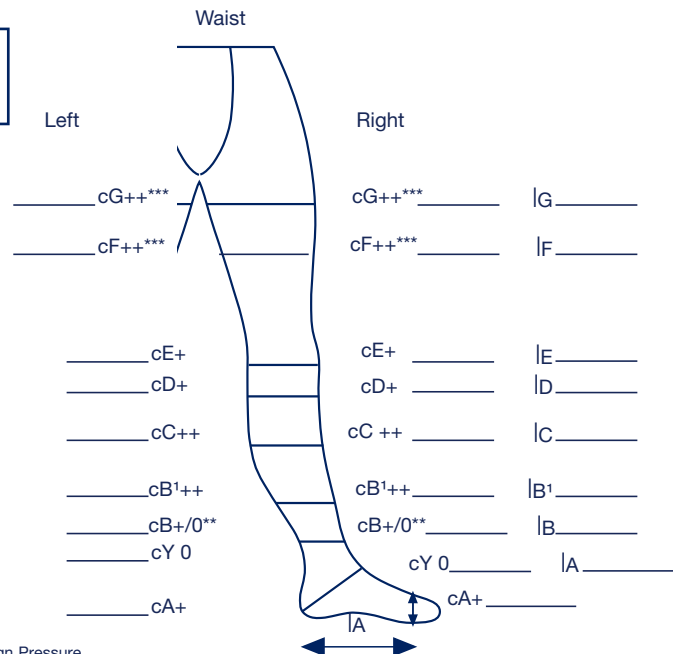
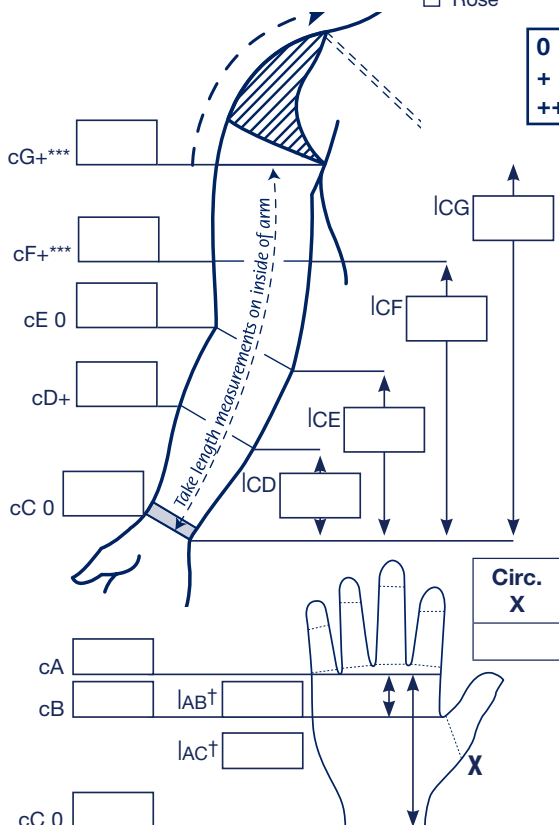
Quantity/Class	CCL 1 (15-20 mmHg*)	CCL 2 (20-30 mmHg*)
Left (AD and AG)		
Right (AD and AG)		

**Style**

- 
- Knee High
- 
- 
- Thigh High

**Colour**

- 
- Beige
- 
- 
- Rose



\* Design Pressure  
 \*\* If cB is <20cm, cB should be measured with 0 tension  
 \*\*\* If needed, slightly more tension can be used  
 † Add 1 cm to IAB and IAC