



Pure Night Lower Extremity Order Form

(P) 888-385-1580
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(E) Orders@comfortcaremd.com



PATIENT INFORMATION

Name: Phone Number: Measurement Date:
 Fitter Name: Clinic Name: Email:

GARMENT

Style PN - LE -
 Left Leg Right Leg

Channeling
 Chevron Vertical

Compression
 20-30 mmHg 30-40 mmHg
 Other

Modifications Pull-up Loops
 Digit Spacers
 Zippers
 Magnetic Closure

Accessories Pure Cover Non Slip Pad

Placement Instruction

Notes:

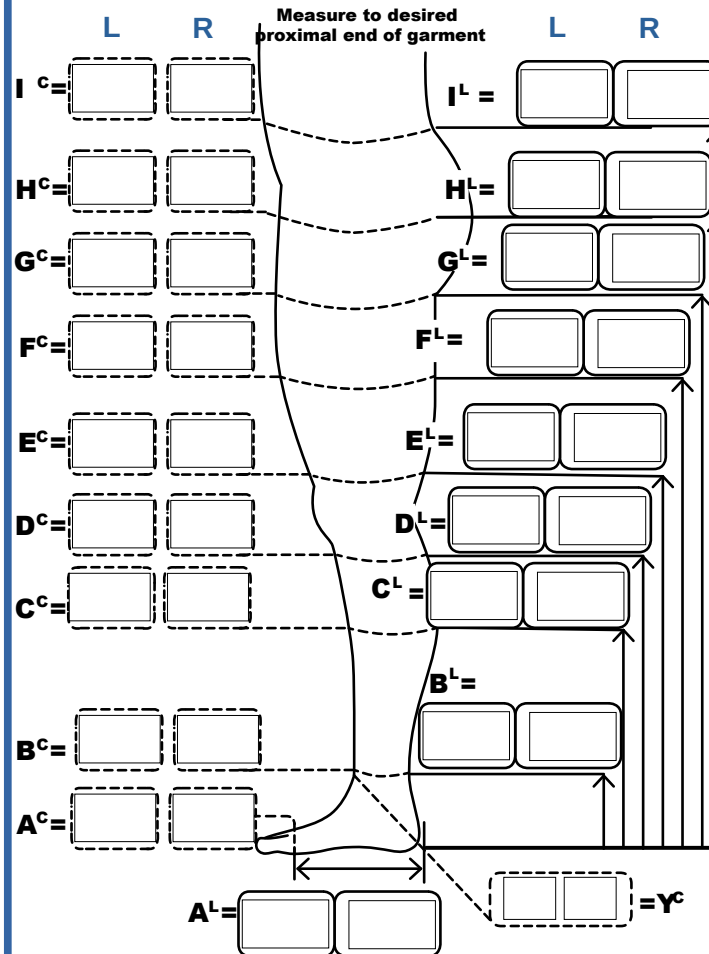
For Pants, use both Left (L) and Right (R) Columns

MEASUREMENTS

(All measurements in centimeters)

C = Circumference

L = Length



BILLING INFORMATION

Quote Only



SHIPPING INFORMATION

Shipping: Requested Delivery Date:
 Standard Priority

Ship to:
 Attn:
 Street:
 City: State: Zip:
 Phone:
 Email:
 (for shipping notification)

Pants Straddle Measurements

Posterior
 Anterior

Questions? Call 888-385-1580.

Fax or Email this form to 443-455-1402 or Orders@comfortcaremd.com