



Pure Night Upper Extremity Order Form

(P) 888-385-1580
(F) 443-455-1402
(E) Orders@comfortcaremd.com



PATIENT INFORMATION

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

GARMENT

Style PN - UE -
 Left Arm Right Arm
 Thumb Slit Full Thumb C=

Channeling
 Chevron Vertical

Compression
 20-30 mmHg 30-40 mmHg
 Other

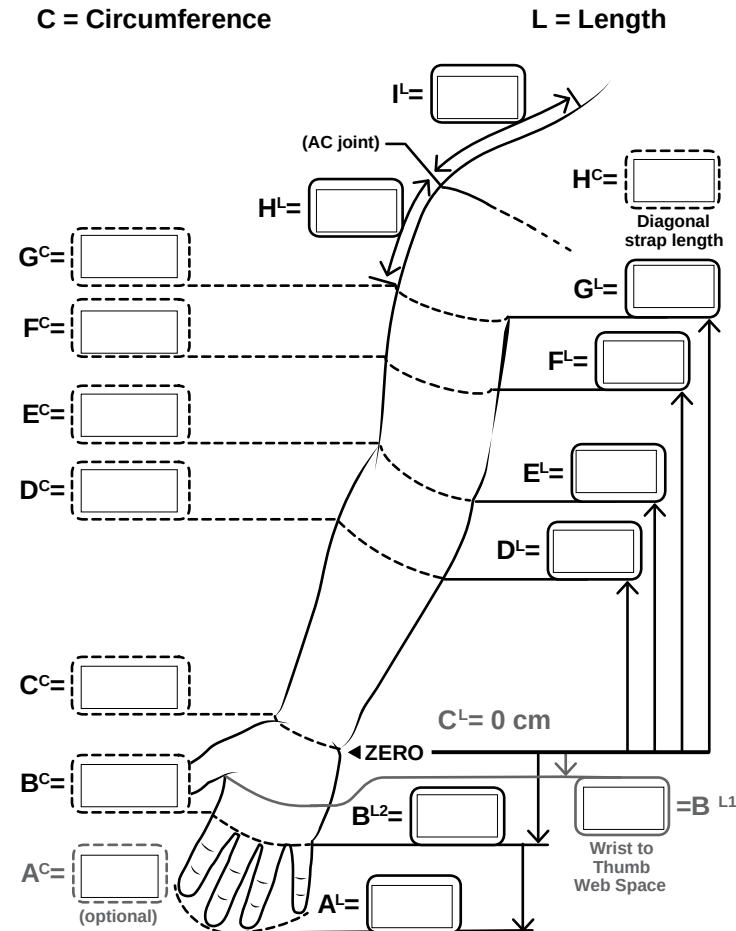
Modifications Placement Instruction

Pull-up Loops
 Digit Spacers
 Zippers
 Magnetic Closure

Accessories
 Pure Cover

Notes:

MEASUREMENTS (All measurements in centimeters)



BILLING INFORMATION Quote Only



SHIPPING INFORMATION

Shipping:
 Requested Delivery Date:
 Standard Priority

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

Questions? Call 888-385-1580.

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