



ExoSheer™ Order Form

**LOWER
EXTREMITY**

L&R INTERNAL USE ONLY

1 Order Information

Order Date: ____/____/____ Contact Name: _____ Phone: _____
P.O. #: _____ Email: _____ Fax: _____

2 Billing Information

Account #: _____

Bill to: _____
Attn: _____
Address: _____
City: _____ State: _____ Zip: _____

Card #: _____ Exp: ____/____ SID: _____

3 Shipping Information

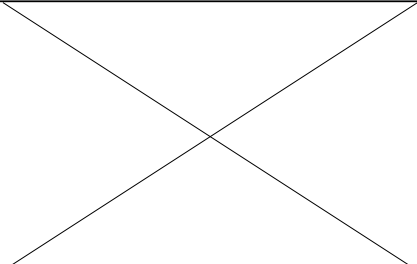
☐ Same Address as Billing

Ship to: _____
Attn: _____
Address: _____
City: _____ State: _____ Zip: _____

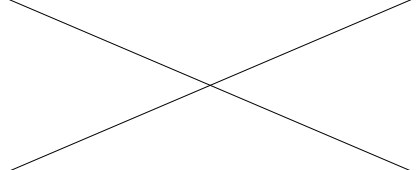
Shipping: ☐ Ground ☐ 2nd Day ☐ Overnight

4 Products

ExoSheer Thigh High (sold in pairs)

Compression Level (mmHg)	Size	Options	Qty.	
			Beige	Black
☐ 8-15 ☐ 15-20 ☐ 20-30	☐ S ☐ M ☐ L ☐ XL			
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☐ 8-15 ☐ 15-20 ☐ 20-30	☐ S ☐ M ☐ L ☐ XL			

ExoSheer Below Knee (sold in pairs)

Compression Level (mmHg)	Size	Options	Qty.	
			Beige	Black
8-15	☐ S ☐ M ☐ L ☐ XL			
	☐ S ☐ M ☐ L ☐ XL			
	☐ S ☐ M ☐ L ☐ XL			
	☐ S ☐ M ☐ L ☐ XL			
☐ 15-20 ☐ 20-30	☐ S ☐ M ☐ L ☐ XL	☐ Closed toe ☐ Open toe		
☐ 15-20 ☐ 20-30	☐ S ☐ M ☐ L ☐ XL	☐ Closed toe ☐ Open toe		
☐ 15-20 ☐ 20-30	☐ S ☐ M ☐ L ☐ XL	☐ Closed toe ☐ Open toe		
☐ 15-20 ☐ 20-30	☐ S ☐ M ☐ L ☐ XL	☐ Closed toe ☐ Open toe		