PURE MEDICAL
OUR COMMITMENT. YOUR COMFORT.

Pure Night Upper Extremity Order Form

PATIENT INFORMATION

Measurement Date:

Name: | Phone Number: | Email: | Order Date:

Therapist /Fitter: Name: | Phone Number: | Email: | Reorder of Order #:

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

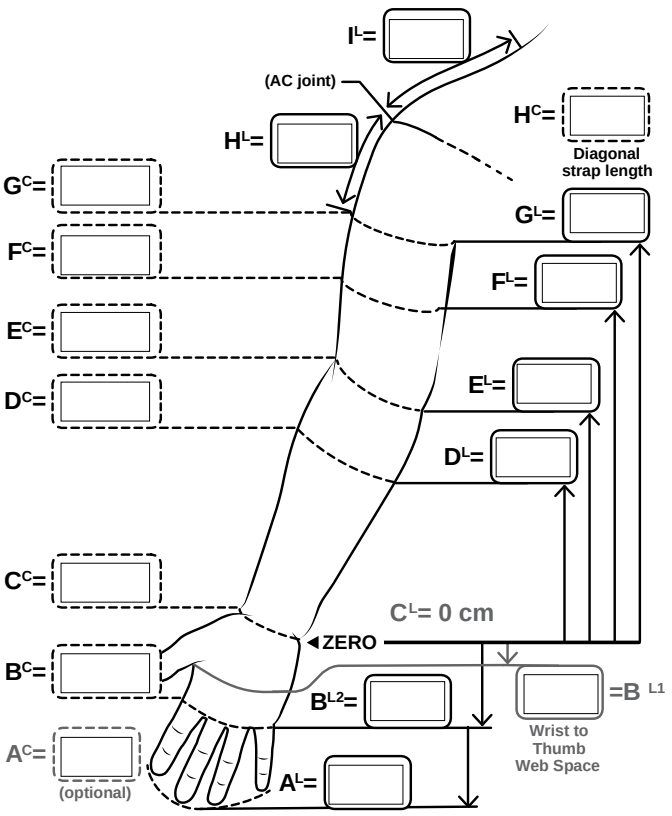
☐ Pure Cover

Notes:

MEASUREMENTS

(All measurements in centimeters)

C = Circumference L = Length



BILLING INFORMATION

☐ Quote Only

Business Name:

Phone: | Fax:

Contact Name:

Account #: | P.O. #:

Payment:

☐ Credit card ☐ Net 30

Card #:

Exp: | SID:

SHIPPING INFORMATION

Shipping:

Requested Delivery Date:

☐ Standard ☐ Priority

Ship to:

Attn:

Street:

City: | State: | Zip:

Phone:

Email:

(for shipping notification)