



Pure Day Lower Extremity Order Form

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



PATIENT INFORMATION

Name: Phone Number:

Therapist /Fitter: Clinic Name:

Email: Measurement Date:

GARMENT

Style PD - LE -

Left Leg Right Leg

Compression

20-30 mmHg 30-40 mmHg

Other

Modifications Placement Instruction

No Silicone 1/2 Silicone Silicone

Zippers

BILLING INFORMATION Quote Only



SHIPPING INFORMATION

Shipping:

Requested Delivery Date:

Standard Priority

Ship to:

Attn:

Street:

City: State: Zip:

Phone:

Email:

(for shipping notification)

MEASUREMENTS

(All measurements in centimeters)

C = Circumference

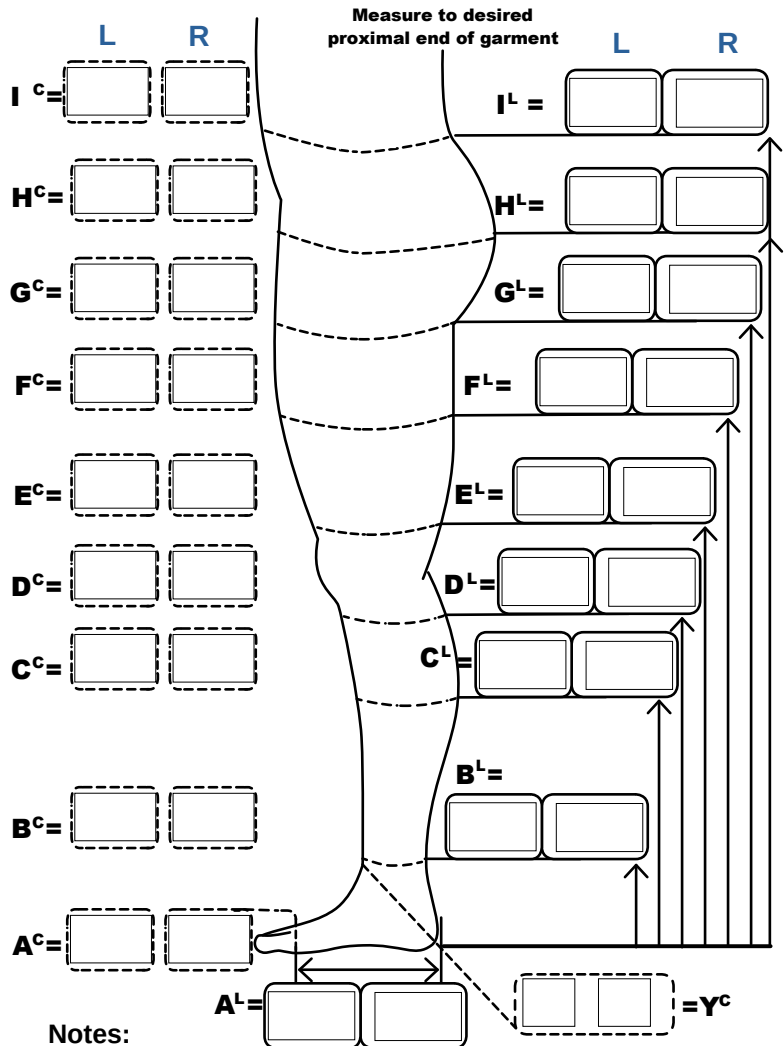
L = Length

Pants Straddle Measurements

Posterior

Anterior

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



Questions? Call 888-385-1580.

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