



# Pure Night Torso Order Form

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## PATIENT INFORMATION

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

## GARMENT

Style PN - UE -

Channeling  
 Chevron  Vertical

Compression  
 20-30 mmHg

Modifications Placement Instruction  
 Magnetic Closure  
 \* Includes 1

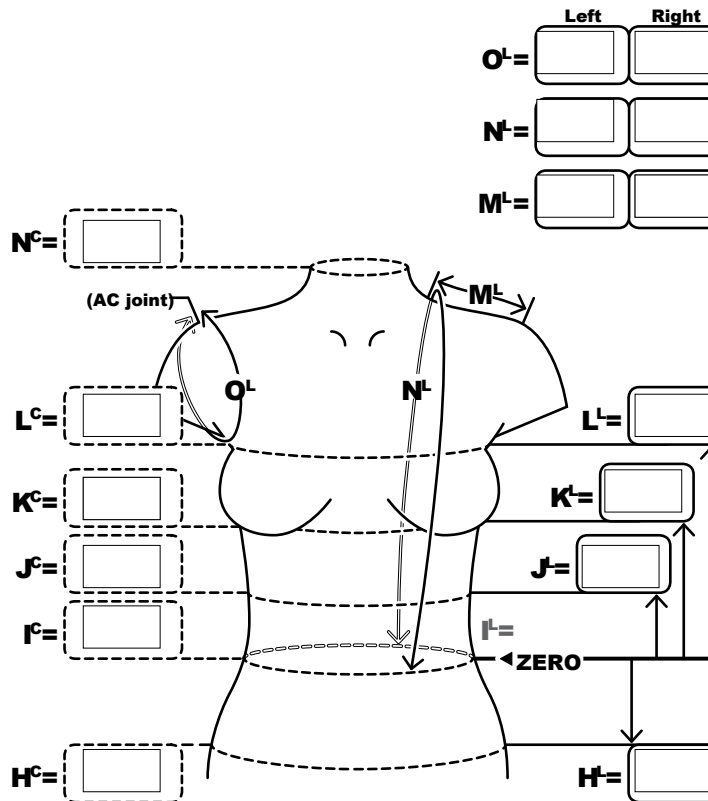
### Notes:

## 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)

Questions? Call 888-385-1580.

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