

Medical Stockings Online

501 Goodlette Road N., Naples FL 34102

www.MedicalStockingsOnline.com

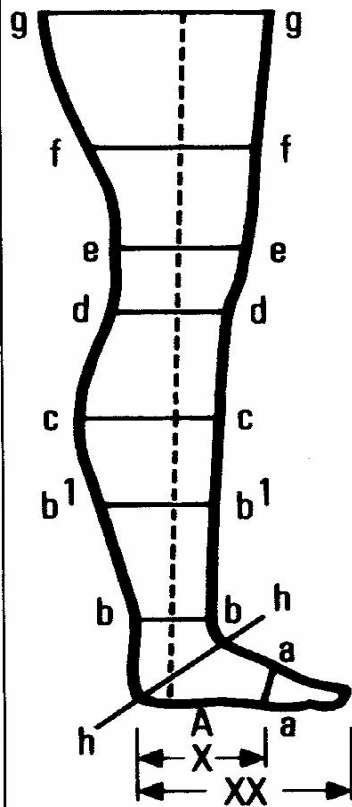
800-809-0342

Custom Thigh Order Form

Toll free FAX 888-872-6070

ORDERED BY (NAME AND ADDRESS)		Office Number	
		FAX Number	
PATIENT'S NAME	FIRST	MI	LAST
PATIENT'S MAILING ADDRESS (for newsletter)	Mail garment to <input type="checkbox"/> patient's address or <input type="checkbox"/> referrer address.		PATIENT'S PHONE
Complete measurements and payment info and we will debit account, or mail this form with payment and garment(s) will be mailed upon receipt. Shipping is free for purchases over \$75			
CREDIT CARD		EXPIRATION DATE ____ / ____	
Name Card Holder:		Signature of Card Holder:	

Circumferences: in cm/in.	
left	right
g	g
f	f
e	e
d	d
c	c
b ¹	b ¹
b	b
h	h
a	a



Lengths: in cm/in.	
left	right
A-g	
A-f	
A-e	
A-d	
A-c	
A-b ¹	
A-b	
X Foot length	
(back of heel to a)	
XX total foot length	
indicate <u>only</u> if desired with full foot.	

The following custom garment is a medical necessity for this patient. Therapist sign

or attach MD order:

Model A-G	Price	
Hostess	2501 2502	Call or
Varin Soft	3511 3512 3513	fax form for
Varin Soft Cotton	3512 3513	price quotes
Varin AD-N	3512	on custom orders
Varin Soft-in silk	3512 3513	
Varin Soft full knit	3513	