

Relax Order Form

2284 NW 82nd Ave., Miami, FL 33122

(305) 477-0062—Phone (305) 592-0061—FAX



Patient Name / BSN File # _____ DOB _____

Address _____ Gender M F

City/State/Zip _____

Diagnosis _____

Doctor / Address _____

City/State/Zip _____

PO#	
Original Order <input type="checkbox"/>	Reorder w Changes <input type="checkbox"/>
Exact Reorder <input type="checkbox"/>	Schema # _____

Fitter Name _____ Fitter # _____ Fitter Phone _____

Fitter Facility _____ Fitter email _____

Ship To Acct # _____ Acct Name _____

Address _____ City _____ State _____ Zip _____

Email* _____ Phone _____ FAX _____

*By choosing communication via email (above), I acknowledge that Personal Health Information associated with this purchase may be transmitted from BSN in a non-encrypted manner.

Bill To Acct # _____ Acct Name _____

Address _____ City _____ State _____ Zip _____

Email _____ Phone _____ FAX _____

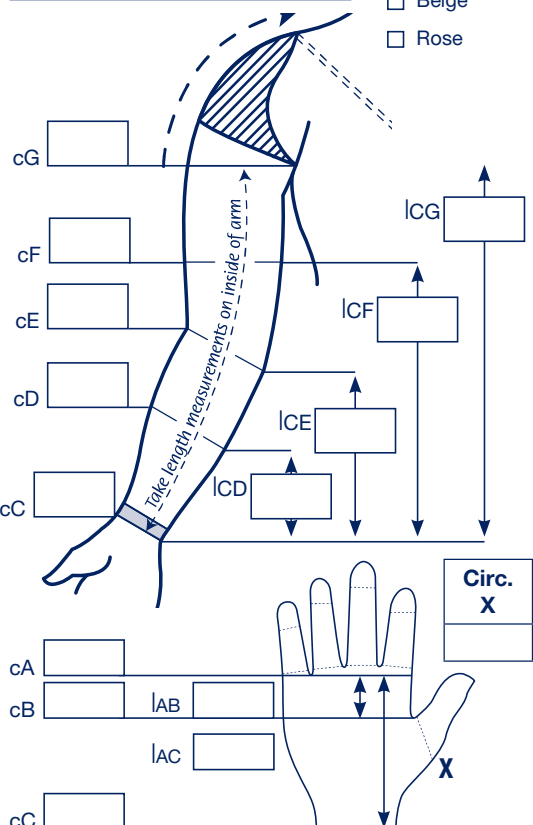
Last 4 digits of credit card on file _____ OR New card - call to provide credit card #

Name on CC _____ Exp. _____ Billing Zip Code _____

Armsleeves

Quantity/Class	CCL 1 (15-20 mmHg*)
Left	
Right	

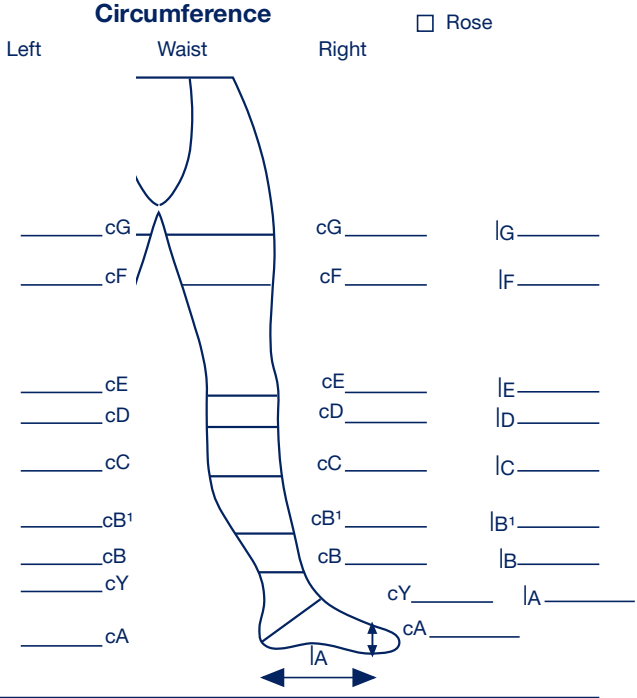
- Style**
- C-GI
 - A - GI gauntlet
- Color**
- Beige
 - Rose



Lower Extremities

Quantity/Class	CCL 1 (15-20 mmHg*)	CCL 2 (20-30 mmHg*)
Left (AD and AG)		
Right (AD and AG)		

- Basic styles**
- Knee High
 - Thigh High
- Color**
- Beige
 - Rose



* Design Pressure



BSN Medical Inc., an Essity company
5825 Carnegie Blvd. Charlotte, NC 28209-4633
Tel. (+1) 704 554 9933 Fax (+1) 800 835 4325