



L&R INTERNAL USE ONLY

ExoSoft™ Order Form **LOWER EXTREMITY**

1 Order Information

Order Date: ____ / ____ / ____ Contact Name: _____ Phone: _____
 P.O. #: _____ Email: _____ Fax: _____

2 Billing Information

Account #: _____

Bill to: _____
 Attn: _____
 Address: _____
 City: _____ State: _____ Zip: _____

Card #: _____ Exp: ____ / ____ SID: _____

3 Shipping Information

Same Address as Billing

Ship to: _____
 Attn: _____
 Address: _____
 City: _____ State: _____ Zip: _____

Shipping: Ground 2nd Day Overnight

4 Products

ExoSoft Thigh High (sold in pairs)

Compression Level (mmHg)		Size				Options		Qty.	
								Beige	Black
15-20	20-30	S	M	L	XL	X			
15-20	20-30	S	M	L	XL				
15-20	20-30	S	M	L	XL				
15-20	20-30	S	M	L	XL				
15-20	20-30	S	M	L	XL				
15-20	20-30	S	M	L	XL				

ExoSoft Below Knee (sold in pairs)

Compression Level (mmHg)		Size				Options		Qty.	
								Beige	Black
15-20	20-30	S	M	L	XL	Closed toe	Open toe		
15-20	20-30	S	M	L	XL	Closed toe	Open toe		
15-20	20-30	S	M	L	XL	Closed toe	Open toe		
15-20	20-30	S	M	L	XL	Closed toe	Open toe		
15-20	20-30	S	M	L	XL	Closed toe	Open toe		
15-20	20-30	S	M	L	XL	Closed toe	Open toe		

Submit completed order form by fax to 414-892-4150 or email to customerservice@us.LRmed.com.