MEDICALZ®
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Ship to:
Facility ☐
Alternate ☐

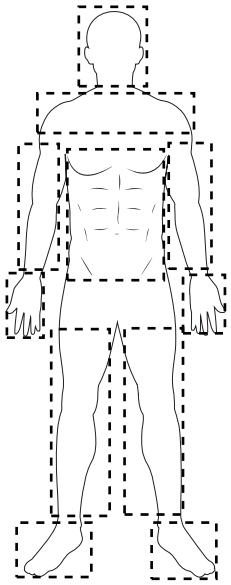
PATIENT:
NEW ☐ EXISTING ☐

ORDER FORM

HOSPITAL NAME : .....
Address: .....
Phone: .....
Fax.: .....
Email: .....

NAME OF THE PATIENT: .....
Date of birth: .....
Date: .....
File #: .....

- ☐ HEAD/FACE
- ☐ UPPER TORSO
- ☐ LEFT ARM
- ☐ RIGHT ARM
- ☐ LEFT HAND
- ☐ RIGHT HAND
- ☐ LOWER TORSO
- ☐ LEFT LEG
- ☐ RIGHT LEG
- ☐ LEFT FOOT
- ☐ RIGHT FOOT



This prescriprion form should be completed with measurement sheets and additonal options if needed

☐ **Glove to Wrist Open Tips**
A6504
FF/200



☐ **Glove to Wrist Closed Tips**
A6504
FF/202



☐ **Gauntlet to Wrist**
A6504
FF/204



☐ **Half Sleeve**
(Wrist to Elbow)
A6505
FF/107



☐ **Arm Sleeve**
(Wrist to Axilla)
A6506
FF/106



☐ **Web spacer**
MZ/600



☐ **Vest with Full Arm Sleeves**
A6506 RT/LT
A6509 - FF/103 (Cups included for Women)



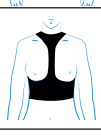
☐ **Vest with half Sleeves**
A6509
FF/101



☐ **Vest with One Full Arm Sleeve** A6510 +
A6506
FF/102



☐ **Sternal strap Female – Male**
MZ/601



☐ **Anklet Support**
A6507
FF/406



☐ **Stocking extending to Knee**
A6507
FF/407



☐ **Leg Sleeve**
A6508
FF/413



☐ **Thigh High extending from Foot to Upper Thigh**
A6508
FF/408



☐ **Waist High Panty with one thigh high**
A6511 + A6508
FF/402



☐ **One Sleeve with Breast Flap**
A6510 + A6506
FF/100



☐ **Vest Neck Options:**
Standard: Round Neck
See Vest silhouette for example

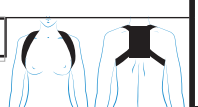
☐ **Circle Neck**
Type: Round Neck
U Neck
Turtle Neck

Comments: _____

_____

_____

☐ **Figure 8 Strap**
MZ 603



Circle add on:
- Decrease pressure 4th webspace
- Silicone Band/Anti-slip
- Suspenders

Medigel Thick
ZG.111 8in x 8in
Medigel Thin
MA/930 8in x 8in

Qty:_____

Qty:_____

☐ **Anklet Support, Individual Toes**
A6507
FF/409



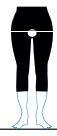
☐ **Panty Brief, Open or Closed Pubis**
A6511
FF/400



☐ **Shorts, Above Knee, closed pubis**
A6511
FF/401



☐ **Shorts, Below Knee, closed pubis**
FF/405



☐ **Waist High Panty with Full thigh highs**
A/6511 + A6508RT/LT
FF/404



☐ **Face Mask**
A6503
FF/300



☐ **Face Mask, Open Face**
A6503
FF/301



☐ **Modified Chin Strap**
(extending behind ears)
A6502
FF/303



☐ **Chin Strap**
A6502
FF/302



☐ **Soft Neck Collar**
FF/304

Option Gel: ☐
FF/605.1



It is imperative to the patient's healing that they keep receiving these garments. Patients need new garments approximately every two months because they are worn day and night and their compression and durability will wear over time. Patients will need several sets, depending upon the severity of scarring, the healing ability of the individual and weight fluctuation. Because patient's healing rates and burn severity vary, patients may be required to wear these garments from six months to two years.