

Klose Lymphedema Care

Garment Order Form- Lower Extremity

Quantity	Description	Price	Item# /size	Total
	Juzo Varin Full Thigh 20-30/30-40/40-50mmHg/with silicone border	\$96.00/\$110.00		
	Juzo Varin Pantyhose 30-40/40-50mmHg	\$135-\$145.00		
	Juzo Ultrasheer Thigh High/Pair 15-20 mmHg	\$57.00		
	Juzo Support Pantyhose 15-20mmHg	\$48.00		
	Juzo-other LE garments available	Available upon request		
	Jobst Ultrasheer Knee High/Pair 20-30/30-40mmHg	\$74.00		
	Jobst Ultrasheer Knee High/Pair 15-20mmHg	\$43.00		
	Jobst Ultrasheer Thigh High/Pair 20-30/30-40mHg	\$103.00		
	Jobst Ultrasheer Pantyhose 15-20mmHg	\$72.00		
	Jobst Ultrasheer Pantyhose 20-30/30-40mmHg	\$130.00		
	Jobst for Men-knee high/thigh high	Upon request		
	FarrowWrap Classic Footpiece	Long-\$105.60 Regular-\$94.60		
	FarrowWrap Classic Legpiece	Tall-\$151.80 Regular-\$129.80		
	FarrowHybrid AD Liners	\$38.50		
	FarrowHybrid AD Liner w/15-30mmHg	\$55.00		
	CircAid Silhouette Lower Leg	\$129.00		
	Solaris Caresia Leg Bandage Liner	\$149.00		
	Solaris Caresia Thigh Bandage Liner	\$200.00		
	Solaris Caresia Foot Bandage Liner	\$65.00		
	Juzo Slippe Gator Set for LE donning	\$35.00		
	Juzo Silver Sole Ankle Socks	\$12.00		
	Medi USA stockings available	Available upon request		
	CircAid Applications Available	Available upon Request		
	Klose Leg Bandaging Kit	\$206.00		
	Other:	Available upon request		
	Other:	Available upon request		

Klose Lymphedema Care
 1369 Forest Park Circle, Suite 101, Lafayette, CO 80026
 Phone: 303-245-0333 Fax: 303-245-0334 Email: clt@klosetraining.com

Prices do not include tax or shipping-shipping has a maximum of \$15 with rush orders incurring a higher fee.
 Prices are subject to change without notice

For Custom orders including night garments and UE/LE compression therapy applications please fax the order form to 303-245-0334 or schedule a measuring appointment with Heather Blatchley, DPT, CLT at 303-245-0333.

Ordered by: _____ Contact Number: _____

Patient Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Payment by: Cash Check # VISA Card Master Card

Card #: _____ Exp. Date: _____

Name on Card: _____

Signature: _____

Please fax order form to ATTN: Heather at 303-245-0334. You will receive a confirmation via phone, email or fax. If you do not receive a confirmation with-in 48 hours please inquire at 303-245-0333.

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