

# JOBST® Relax Order Form

To Order Online: <https://order.jobst.com/us>  
 Fax: (+1) 800 835 4325

Patient Name / BSN File # \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ Gender M  F

City/State/Zip \_\_\_\_\_

Diagnosis \_\_\_\_\_

Doctor / Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

|   |  |
|---|--|
| <b>PO#</b>                              |  |
| 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<br>(15-20 mmHg*) |
|----------------|------------------------|
| Left           |                        |
| Right          |                        |

### Style

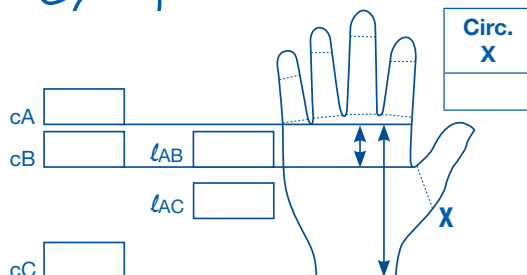
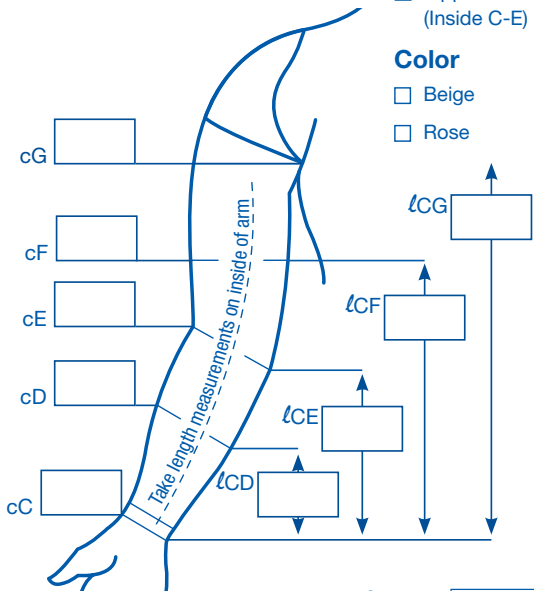
- C-GI
- A - GI gauntlet

### Options

- Zipper  
(Inside C-E)

### Color

- Beige
- Rose



## Lower Extremities

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

### Basic styles

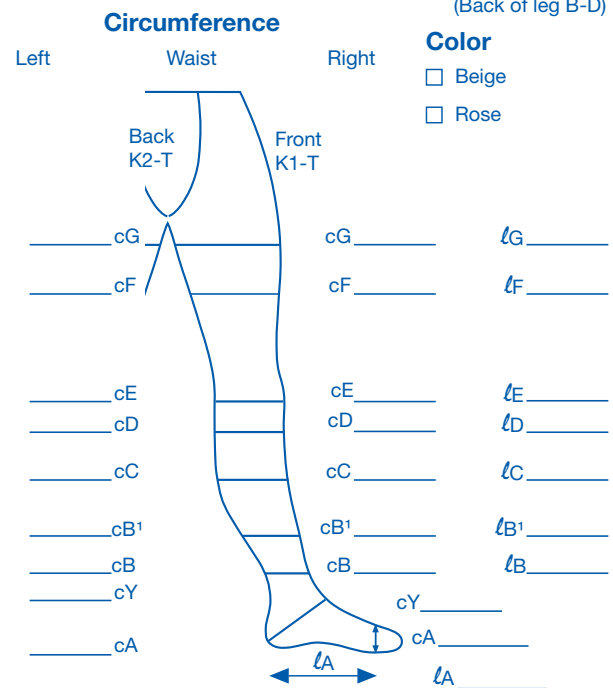
- Knee High
- Thigh High

### Options

- Zipper  
(Back of leg B-D)

### Color

- Beige
- Rose



BSN medical Inc., an Essity company 5825 Carnegie Blvd. Charlotte, NC 28209-4633  
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 To Order Online: <https://order.jobst.com/us> To order toll-free: (+1) 800 537 1063