

# JOBST® FarrowWrap®

## TRIM TO FIT ORDER FORM

FAX ORDER TO CUSTOMER SERVICE AT: **1-800-835-4325**

Date: \_\_\_\_\_ Purchase Order No.: \_\_\_\_\_ Fitter.: \_\_\_\_\_

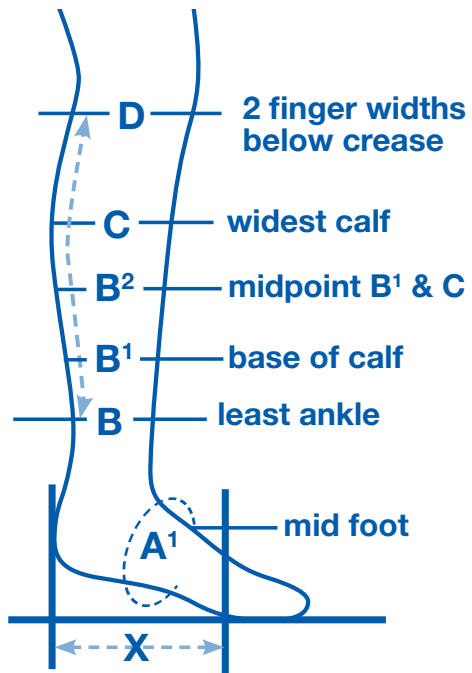
Patient Name: \_\_\_\_\_ Address: \_\_\_\_\_

Bill To Address: \_\_\_\_\_

Ship To: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

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.



### JOBST® FARROWWRAP TRIM TO FIT LEG

BSN Code	Size	DESCRIPTION	Quantity
7612300	20-60 cm (D) 20-60 (C) 20-55 (B2) 20-45 (B1) 20-40 (B) length 27-35 (B-D)	LITE TTF LEG SIZE MEDIUM	
7611800	20-60 cm (D) 20-60 (C) 20-55 (B2) 20-45 (B1) 20-40 (B) length 27-35 (B-D)	STRONG TTF LEG SIZE MEDIUM	
7611801	20-60 cm (D) 20-60 (C) 45-90 (B2) 35-80 (B1) 35-70 (B) length 27-35 (B-D)	STRONG TTF LEG SIZE XL	
7612302	N/A	LITE TTF TOP BAND MEDIUM	
7611803	N/A	STRONG TTF TOP BAND MEDIUM	
7611804	N/A	STRONG TTF TOP BAND XL	

### JOBST® FARROWWRAP TRIM TO FIT FOOT

BSN Code	Size	DESCRIPTION	Quantity
7612100	20-30 cm (A1) 14-21 cm (X)	LITE TTF FOOT SIZE MEDIUM	
7611600	20-30 cm (A1) 14-21 cm (X)	STRONG TTF FOOT SIZE MEDIUM	

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