

# Elvarex® Soft Lower Extremity Order Form

**TO ORDER:**  
www.orderjobstcustom.com  
Fax: (+1) 800-835-4325



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

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 \_\_\_\_\_ Email \_\_\_\_\_

Ship To Acct # \_\_\_\_\_ Acct Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Bill To Acct # \_\_\_\_\_ Acct Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Confirmation Fax # \_\_\_\_\_  Last 4 digits of credit card on file OR Exp. \_\_\_\_\_

Email \_\_\_\_\_  New card - call to provide credit card # Billing Zip \_\_\_\_\_

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. Name on CC \_\_\_\_\_

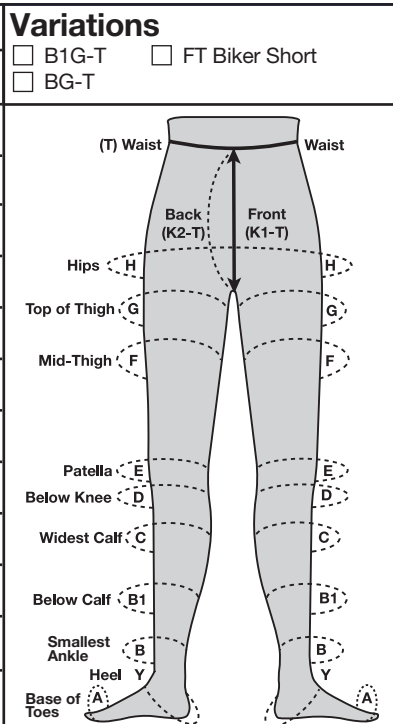
Quality	Color	Seam Color	Quantity/Class	CCL 1 18-21 mmHg*	CCL 2 23-32 mmHg*	CCL 3 34-46 mmHg*
<input type="checkbox"/> Elvarex® Soft (CCL1-3)	<input type="checkbox"/> Beige <input type="checkbox"/> Cherry <input type="checkbox"/> Grey	<input type="checkbox"/> Black <input type="checkbox"/> Cocoa <input type="checkbox"/> Navy <input type="checkbox"/> Cranberry	<input type="checkbox"/> Black <input type="checkbox"/> Beige <input type="checkbox"/> Cherry <input type="checkbox"/> Grey	Left _____ Right _____ Body Bandage _____	_____	_____

**Styles**

AD Knee     AG-T Chap:  pc.  pr.  
 AG Thigh     AT Pantyhose  
AT Pantyhose must be all one compression class. All leg lengths must be equal.

Straight Open Toe Length     Slant Open Toe Length     Slant Closed Toe Length  
Lateral \_\_\_\_\_ cm    Medial \_\_\_\_\_ cm    Medial \_\_\_\_\_ cm  
 Straight Closed Toe Length    Lateral \_\_\_\_\_ cm    Lateral \_\_\_\_\_ cm  
Total Foot \_\_\_\_\_ cm    Total Foot \_\_\_\_\_ cm    Total Foot \_\_\_\_\_ cm

Circum. (c)	Length (l)	Length (l)	
cT	K2-T	I/T	
cH	K1-T	I/H	
Circumference (c)		Length (l): Taken from each landmark to floor	
Left	Right	Left	Right
cG		I/G	
cF		I/F	
cE		I/E	
cD		I/D	
cC		I/C	
cB1		I/B1	
cB		I/B	
cY		I/A (medial)	
cA		I/A (lateral)	



**Special Options**

T-Heel  
 Adj. waistband  
 Open pubis

Silicone Band	On Top
2.5cm (A-D Only)	
5cm	

AG-T Not available with Silicone band.  
AT Pantyhose must be all one compression class. All leg lengths must be equal.

**SoftFit band** (A-D Only)

**Pocket**

In-step  
 Back of knee  
 All four sides closed

\* Design Pressure  
All measurements should be in centimeters.

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_