

Lower Extremity Order Form

Elvarex® Soft

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 _____

PO#	
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	Quantity/Class	CCL 1	CCL 2	CCL 3
			18-21 mmHg*	23-32 mmHg*	34-46 mmHg*
<input type="checkbox"/> Elvarex® Soft (CCL1-3)	<input type="checkbox"/> Black <input type="checkbox"/> Beige <input type="checkbox"/> Cherry <input type="checkbox"/> Grey <input type="checkbox"/> Cocoa <input type="checkbox"/> Navy <input type="checkbox"/> Cranberry	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

Circum. (c)	Length (l)	Length (l)	Variations	Special Options						
cT	K2-T	/T			<input type="checkbox"/> B1G-T <input type="checkbox"/> FT Biker Short <input type="checkbox"/> BG-T	<input type="checkbox"/> T-Heel <input type="checkbox"/> Adj. waistband <input type="checkbox"/> Open pubis				
cH	K1-T	/H		<table border="1"> <tr> <th>Silicone Band</th> <th>On Top</th> </tr> <tr> <td>2.5cm (A-D Only)</td> <td></td> </tr> <tr> <td>5cm</td> <td></td> </tr> </table> <p>AG-T Not available with Silicone band.</p> <p>AT Pantyhose must be all one compression class. All leg lengths must be equal.</p> <input type="checkbox"/> SoftFit band (A-D Only)	Silicone Band	On Top	2.5cm (A-D Only)		5cm	
Silicone Band	On Top									
2.5cm (A-D Only)										
5cm										
Circumference (c)		Length (l): Taken from each landmark to floor								
Left	Right	Left			Right					
cG		/G								
cF		/F								
cE		/E								
cD		/D								
cC		/C								
cB1		/B1								
cB		/B								
cY		/A (medial)								
cA		/A (lateral)								

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* Design Pressure
 All measurements should be in centimeters.