

Glove/Gauntlet Order Form

Elvarex®, Elvarex® Plus, Elvarex® Soft Seamless

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. _____

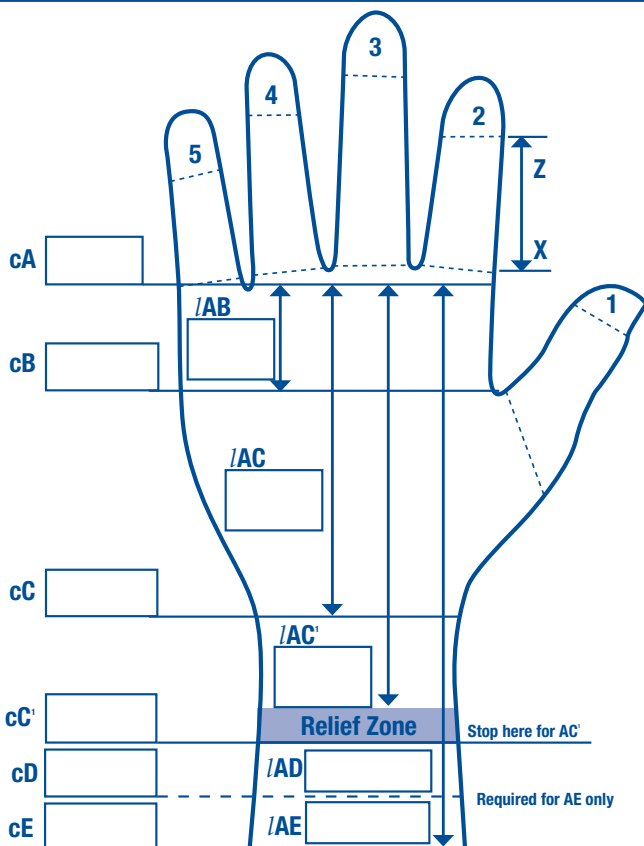
Email _____ New card - call to provide credit card # Billing Zip _____

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 _____

Elvarex®**	Elvarex® Soft Seamless	Elvarex® Plus	Qty/Class	CCL1 (18-21mmHg)	CCL2 (23-32mmHg)	CCL2F (23-32mmHg)
<input type="checkbox"/> Beige <input type="checkbox"/> Cranberry <input type="checkbox"/> Black <input type="checkbox"/> Caramel <input type="checkbox"/> Honey (CCL 1, 2 only)	<input type="checkbox"/> Beige <input type="checkbox"/> Cranberry <input type="checkbox"/> Grey <input type="checkbox"/> Black <input type="checkbox"/> Cherry <input type="checkbox"/> Cocoa <input type="checkbox"/> Honey <input type="checkbox"/> Navy	<input type="checkbox"/> Beige <input type="checkbox"/> Cranberry <input type="checkbox"/> Black <input type="checkbox"/> Caramel <input type="checkbox"/> Honey	Left Right			

Style	Pocket†	Zipper†
<input type="checkbox"/> AC' Glove <input type="checkbox"/> AE Glove to Elbow >13 cm past wrist <input type="checkbox"/> AC' Gauntlet <input type="checkbox"/> AE Gauntlet to Elbow >13 cm past wrist	<input type="checkbox"/> Back of hand <input type="checkbox"/> Palm	<input type="checkbox"/> Back of hand <input type="checkbox"/> Palm



	Circ. Z	Circ. X	Length Z-X
Thumb 1			
Finger 2			
Finger 3			
Finger 4			
Finger 5			

* Design Pressure

† Only available in Elvarex®

****CAUTION:** This product contains natural rubber latex which may cause allergic reactions.



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