

Elvarex® Soft Order Form

Lower Extremity

Patient Name / Essity File # _____ DOB _____

Address _____ Gender M F

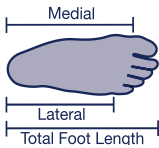
City/Province/Postal Code _____

Diagnosis _____

TO ORDER:
<https://eshop.jobst-ca.com>
Tel: 1-877-978-5526
1-877-358-2739
Fax: 1-877-978-9703

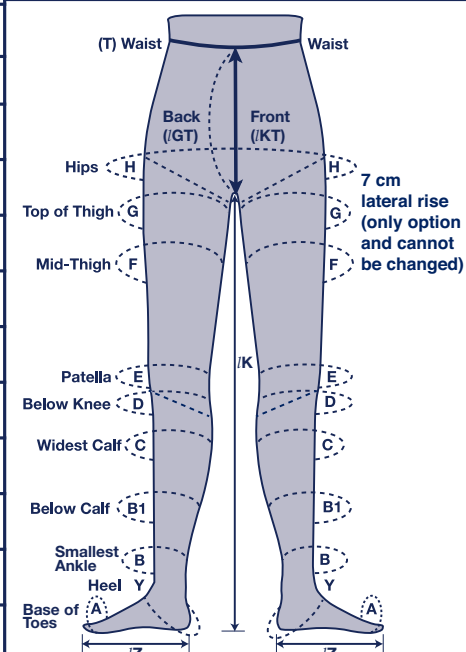
Date _____

Colour	Quantity/Class	CCL1	CCL2	CCL3		
		18-21 mmHg*	23-32 mmHg*	34-46 mmHg*		
		<input type="checkbox"/> Beige <input type="checkbox"/> Grey	Left			
		<input type="checkbox"/> Black <input type="checkbox"/> Cocoa	Right			
<input type="checkbox"/> Cranberry <input type="checkbox"/> Cherry	Body Bandage <small>CCL must be same as legs</small>					
<input type="checkbox"/> Navy						

Styles <input type="checkbox"/> AD Knee <input type="checkbox"/> AG-T Chap: <input type="checkbox"/> pc. <input type="checkbox"/> pr. <input type="checkbox"/> AG Thigh <input type="checkbox"/> AT Pantyhose <small>AT Pantyhose must be all one compression class. All leg lengths must be equal.</small>		<input type="checkbox"/> Straight Open Toe Length Lateral _____ cm Total Foot IZ _____ cm	<input type="checkbox"/> Slant Open Toe Length Medial _____ cm Lateral _____ cm Total Foot IZ _____ cm	<input type="checkbox"/> Slant Closed Toe Length Medial _____ cm Lateral _____ cm Total Foot IZ _____ cm
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Circum. (c) cT ⁰ /GT /T cH ⁺⁺ /KT /H	Variations <input type="checkbox"/> B1G-T <input type="checkbox"/> BG-T <input type="checkbox"/> FT Biker Short	Tensions 0 no tension + light tension ++ heavy tension	Special Options <input type="checkbox"/> Oblique: AD standard 4cm <input type="checkbox"/> Other: ____cm (2cm-6cm) (AG fixed 7cm, no modifications) <input type="checkbox"/> Adj. waistband (AT panty only) <input type="checkbox"/> Open pubis (AT panty only) <input type="checkbox"/> T-Heel
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Circumference (c)		Length (l): Taken from each landmark to floor	
Left	Right	Left	Right
		/K	
cG ⁺⁺		/G	
cF ⁺⁺		/F	
cE ⁺		/E	
cD ⁺⁺⁺		/D	
cC ⁺⁺		/C	
cB1 ⁺⁺		/B1	
cB ⁺		/B	
cY ⁰		/A (medial)	
cA ⁺⁺		/A (lateral)	



Silicone Band 2.5cm (A-D Only) 5cm	On Top <input type="checkbox"/> AG-T Not available with Silicone band. <input type="checkbox"/> AT Pantyhose must be all one compression class. All leg lengths must be equal.
<input type="checkbox"/> SoftFit band (A-D Only)	Pocket <input type="checkbox"/> In-step <input type="checkbox"/> Back of knee
	Lining (Pocket all sides closed) <input type="checkbox"/> In-step <input type="checkbox"/> Back of knee <input type="checkbox"/> Heel

All measurements should be in centimeters.
 * Design Pressure
 ** If measuring is done in lying position, cA please apply 0 tension
 ***cD/cG 0 tension with silicone band and straight ending
 Lateral rise: standard is 4cm AD and required is 7cm AG
 For additional product order forms, please go to:
<https://eshop.jobst-ca.com>

Comments: _____

