

# Elvarex® Soft Order Form

## Lower Extremity

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

Patient Name / Essity File # \_\_\_\_\_ DOB \_\_\_\_\_  
 Address \_\_\_\_\_ Gender M  F   
 City/Province/Postal Code \_\_\_\_\_  
 Diagnosis \_\_\_\_\_ Date \_\_\_\_\_

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

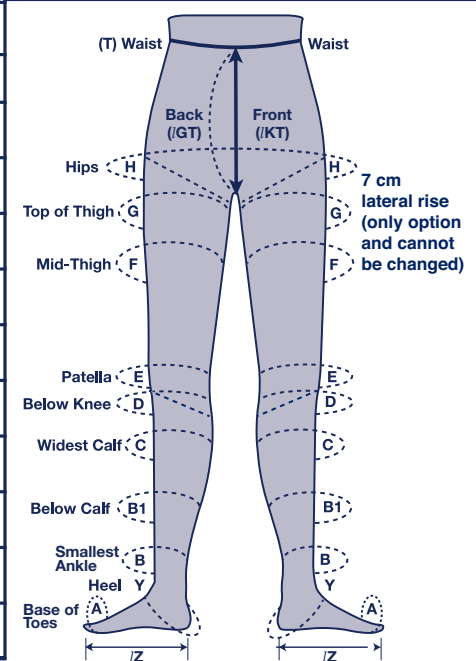


Medial \_\_\_\_\_  
Lateral \_\_\_\_\_  
Total Foot Length \_\_\_\_\_

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 IZ \_\_\_\_\_ cm    Total Foot IZ \_\_\_\_\_ cm

Circum. (c)	Length (l)	Length (l)	Variations	Tensions
cT <sup>0</sup>	/GT	/T	<input type="checkbox"/> B1G-T <input type="checkbox"/> BG-T <input type="checkbox"/> FT Biker Short	<b>0</b> no tension <b>+</b> light tension <b>++</b> heavy tension
cH <sup>++</sup>	/KT	/H		

Circumference (c)		Length (l): Taken from each landmark to floor	
Left	Right	Left	Right
		/K	
cG <sup>++</sup> **		/G	
cF <sup>++</sup>		/F	
cE <sup>+</sup>		/E	
cD <sup>+</sup> ***		/D	
cC <sup>++</sup>		/C	
cB1 <sup>++</sup>		/B1	
cB <sup>+</sup>		/B	
cY <sup>0</sup>		/A (medial)	
cA <sup>+</sup> **		/A (lateral)	



### Options

Lateral Rise: AD standard 4cm     Adj. waistband (AT panty only)  
 Other: \_\_\_\_\_ cm (2cm-6cm)     Open pubis (AT panty only)  
 (AG fixed 7cm, no modifications)     Ribbed Fleece Waistband  
 T-Heel  
 Top Comfort Zone

**Silicone Dot Top Band**     2.5cm (AD Only)     5cm  
**Micro-Dot Top Band**     5cm  
**SoftFit Band**     5cm (AD Only)

### Exceptions

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

Pocket	Lining (Pocket all sides closed)
<input type="checkbox"/> In-step <input type="checkbox"/> Back of knee	<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-usa.com>

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