

Patient Name / ID Code or File # _____ DOB _____ Date _____

Address _____ Gender M F

City/Province/ Postal Code _____

PO#

Original Order Reorder w Changes
 Exact Reorder Schema # _____

Diagnosis _____

Fitter Name _____ Fitter # _____ Fitter Phone _____
 Fitter Facility _____ Email _____

Ship To Acct # _____ Acct Name _____
 Address _____ City _____ Province _____ Postal Code _____
 Email _____ Phone _____ Fax _____

Bill To Acct # _____ Acct Name _____
 Address _____ City _____ Province _____ Postal Code _____
 Email _____ Phone _____ Fax _____

Confirmation Fax # _____
 Email _____
By choosing communication via email (above), I acknowledge that Personal Health Information associated with this purchase may be transmitted from Essity in a non-encrypted manner.

Quantity/Class	CCL1 (15-21mmHg*)	CCL2 (23-32 mmHg*)
Left		
Right		

Colour
 Beige Caramel Anthracite Heather
 Black Jeans Heather Red Heather

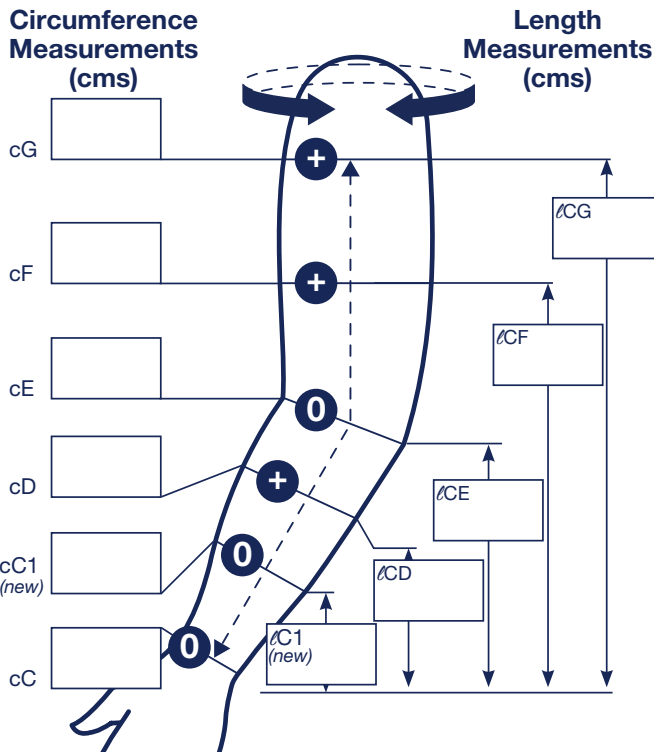
Elbow Options
 Elbow Comfort Zone

Elbow Bend Options
 Elbow 25 Degree (standard)
 Elbow 45 Degree

Lateral Rise is 10% of circumference at G and is not adjustable (ex: if cG is 35cm then lateral rise is 3.5cm)

Decorative Options
 Decorative Line (Front of garment)
 Patient Initials
 Max 2 letters (A-Z) _____

Silicone Band
 No Silicone 2.5 Top
 SoftFit 2.5 Inside 1/2



Measuring Guidelines

(Only applicable for Confidence)

See Arm Diagram for applicable tension at each landmark.

0 no tension

+ light tension

cG = 0 no tension with silicone band

cG = + light tension without band

lC1 = 5 to 7cm above cC

(lCG must be taken with the arm bent)

* Design Pressure

For additional product order forms, please go to:

<http://www.jobstcompressioninstitute.com/resources/orders>