



Glove/Gauntlet Order Form

Elvarex® Elvarex®, Elvarex® Plus, Elvarex® Soft Seamless

TO ORDER:

<https://eshop.jobst-usa.com>

Email: hms-elvarex-orders@essity.com

Tel: 1-800-537-1063 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 _____

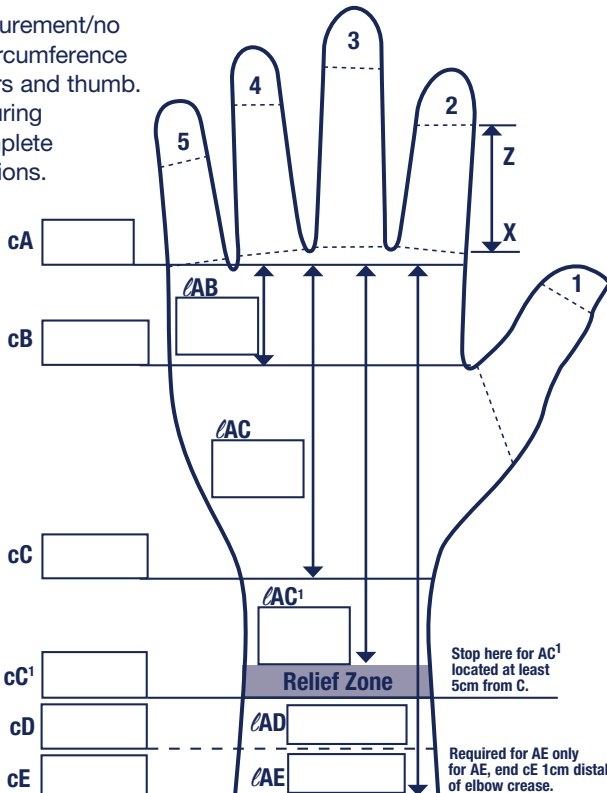
By choosing communication via email (above), I acknowledge that Personal Health Information associated with this purchase may be transmitted from BSN in a non-encrypted manner.

Name on CC _____

Elvarex®** <input type="checkbox"/> Cherry <input type="checkbox"/> Beige <input type="checkbox"/> Navy <input type="checkbox"/> Black <input type="checkbox"/> Cranberry <input type="checkbox"/> Honey <input type="checkbox"/> Hazelnut <small>(CCL 1, 2 only)</small>	Elvarex® Soft Seamless <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	Elvarex® Plus** <input type="checkbox"/> Beige <input type="checkbox"/> Cherry <input type="checkbox"/> Black <input type="checkbox"/> Navy <input type="checkbox"/> Honey <input type="checkbox"/> Cranberry <input type="checkbox"/> Hazelnut	Qty/Class Left Right	CCL1 <small>(15-21mmHg*)</small>	CCL2 <small>(23-32mmHg*)</small>	CCL2F† <small>(23-32mmHg*)</small>
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Style <input type="checkbox"/> AC ¹ Glove <input type="checkbox"/> AE Glove to Elbow ≥13 cm past wrist <input type="checkbox"/> AC ¹ Gauntlet <input type="checkbox"/> AE Gauntlet to Elbow ≥13 cm past wrist	Pocket† <input type="checkbox"/> Back of hand <input type="checkbox"/> Palm	Zipper† <input type="checkbox"/> Back of hand <input type="checkbox"/> Palm
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Apply lay-on measurement/no tension to every circumference on the hand, fingers and thumb. See JOBST Measuring Guidelines for complete measuring instructions.



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

* Design Pressure

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

† Only available in Elvarex®

NOTE: Garments ordered in black and beige have an estimated arrival time of 4-5 business days from the date submitted. All others colors have an estimated arrival time of 7-10 business days from the date submitted.

For additional product order forms, please go to <http://www.jobstcompressioninstitute.com/resources/orders>



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