



# Relax Order Form

**TO ORDER:**<https://eshop.jobst-ca.com>Email: [ca.elvarex@essity.com](mailto:ca.elvarex@essity.com)

Phone: 1.877.358.2739 | 1.877.978.5526

Fax: 1.877.978.9703

Patient Name / Essity File # \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ Gender M  F 

City/Province/Postal Code \_\_\_\_\_

Diagnosis \_\_\_\_\_

<b>PO#</b>	
Original Order <input type="checkbox"/>	Reorder w Changes <input type="checkbox"/>
Exact Reorder <input type="checkbox"/>	Schema # _____

Fitter Name \_\_\_\_\_ Fitter # \_\_\_\_\_ Fitter Phone \_\_\_\_\_

Fitter Facility \_\_\_\_\_ Fitter email \_\_\_\_\_

Ship To Acct # \_\_\_\_\_ Acct Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Email\* \_\_\_\_\_ Phone \_\_\_\_\_ FAX \_\_\_\_\_

\*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.

Bill To Acct # \_\_\_\_\_ Acct Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Email\* \_\_\_\_\_ Phone \_\_\_\_\_ FAX \_\_\_\_\_

**Armsleeves**

Quantity/Class	CCL 1 (15-20 mmHg*)
Left	
Right	

**Style**

- CG Armsleeve  
 AG Armsleeve w/Gauntlet

**Colour**

- Beige  
 Rose

**Lower Extremities**

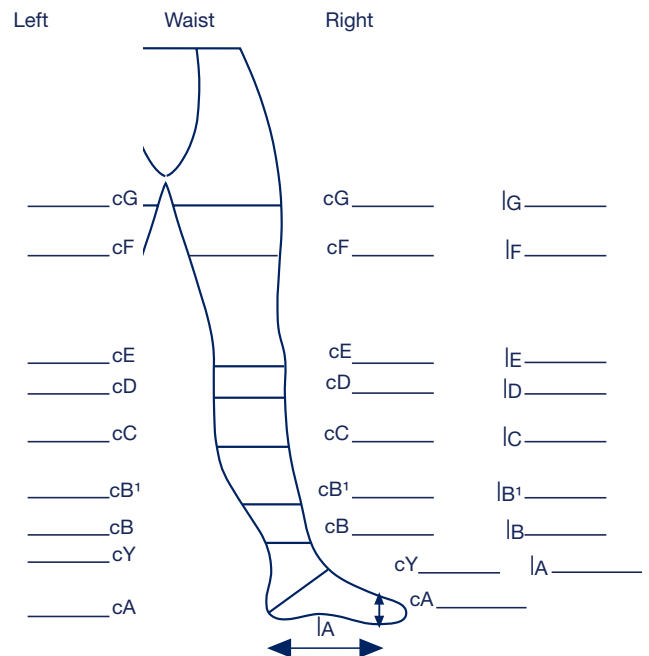
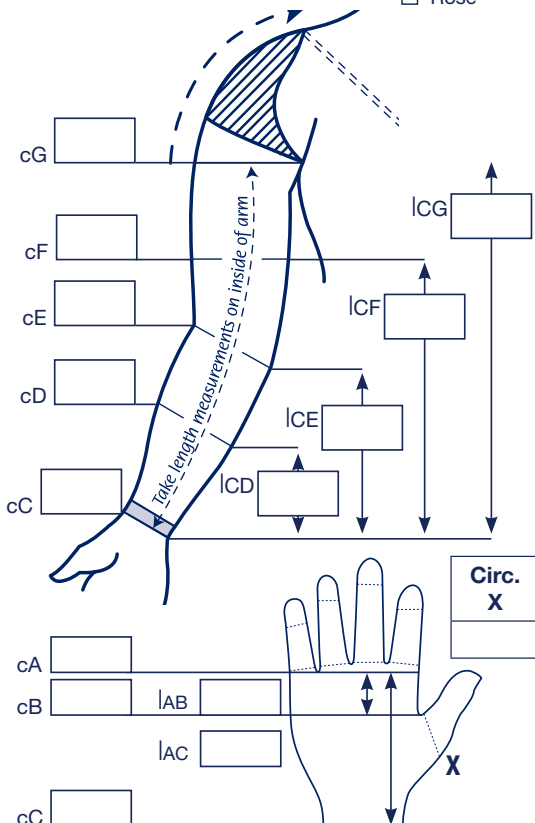
Quantity/Class	CCL 1 (15-20 mmHg*)	CCL 2 (20-30 mmHg*)
Left (AD and AG)		
Right (AD and AG)		

**Basic styles**

- Knee High  
 Thigh High

**Colour**

- Beige  
 Rose



\* Design Pressure



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