

Patient Name / ID Code or File # \_\_\_\_\_ DOB \_\_\_\_\_ Date \_\_\_\_\_

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

City/State/Zip \_\_\_\_\_

Diagnosis \_\_\_\_\_

Doctor/Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

<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 \_\_\_\_\_ 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 # \_\_\_\_\_

Email \_\_\_\_\_

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.
 Last 4 digits of credit card on file OR Exp. \_\_\_\_\_

 New card - call to provide credit card # Billing Zip \_\_\_\_\_

Name on CC \_\_\_\_\_

**Color**

- |                                |  |   |
|--------------------------------|--|---|
| <input type="checkbox"/> Beige | <input type="checkbox"/> Caramel       | <input type="checkbox"/> Anthracite Heather |
| <input type="checkbox"/> Black | <input type="checkbox"/> Jeans Heather | <input type="checkbox"/> Red Heather        |

**Quantity/Class**
**CCL1**  
(15-21mmHg\*)

**CCL2**  
(23-32 mmHg\*)

Left

Right

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

**Elbow Options**

- 
- Elbow Comfort Zone

**Elbow Bend Options**

- 
- Elbow 25 Degree (standard)
- 
- 
- Elbow 45 Degree

**Decorative Options**

- 
- Decorative Line (Front of garment)
- 
- 
- Patient Initials
- 
- Max 2 letters (A-Z) \_\_\_\_\_

**Silicone Band**

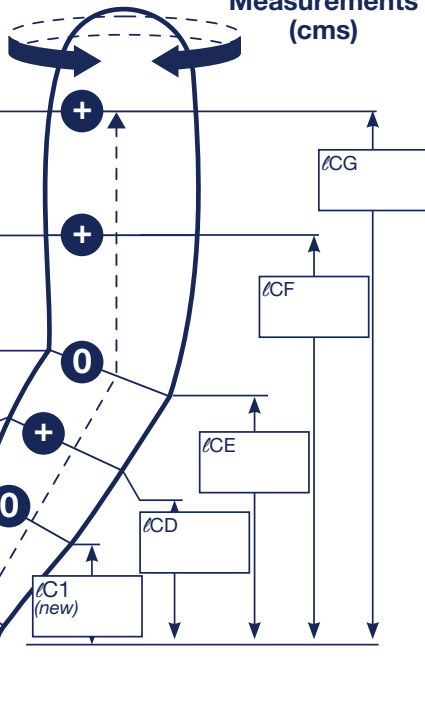
- 
- No Silicone
- 
- 
- SoftFit
- 
- 
- 2.5 Top
- 
- 
- 2.5 Inside 1/2

**Circumference Measurements (cms)**

cG	<input type="text"/>
cF	<input type="text"/>
cE	<input type="text"/>
cD	<input type="text"/>
cC1 (new)	<input type="text"/>
cC	<input type="text"/>

**Length Measurements (cms)**

∅CG	<input type="text"/>
∅CF	<input type="text"/>
∅CE	<input type="text"/>
∅CD	<input type="text"/>
∅C1 (new)	<input type="text"/>



## 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**
**∅C1 = 5 to 7cm above cC**
**(∅CG must be taken with the arm bent)**

\* Design Pressure

For additional product order forms, please go to:

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