

Glove/Gauntlet Order Form

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 # _____
 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 _____

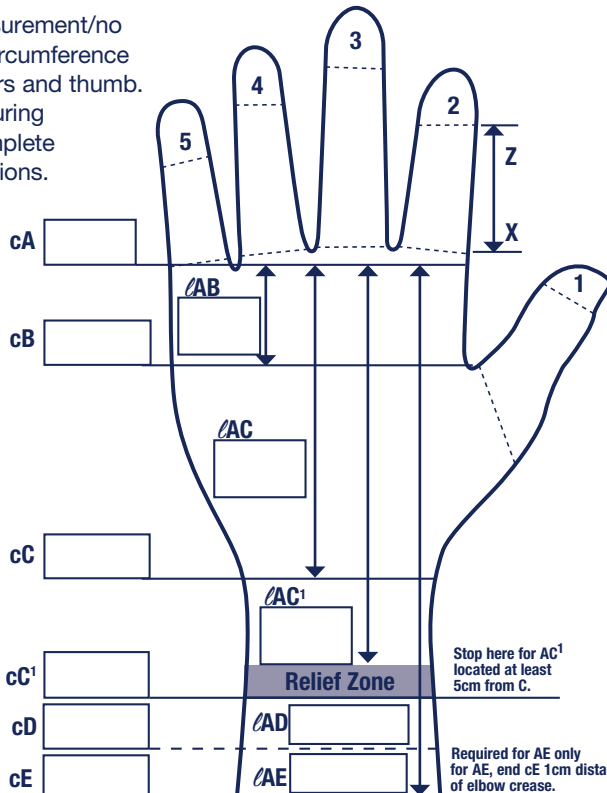
Elvarex[®]** <input type="checkbox"/> Beige <input type="checkbox"/> Black <input type="checkbox"/> Honey <input type="checkbox"/> Cherry <input type="checkbox"/> Navy <input type="checkbox"/> Cranberry <input type="checkbox"/> Caramel <small>(CCL 1, 2 only)</small>	Elvarex[®] Soft Seamless <input type="checkbox"/> Beige <input type="checkbox"/> Black <input type="checkbox"/> Honey <input type="checkbox"/> Cranberry <input type="checkbox"/> Cherry <input type="checkbox"/> Navy	Elvarex[®] Plus** <input type="checkbox"/> Beige <input type="checkbox"/> Black <input type="checkbox"/> Honey <input type="checkbox"/> Cherry <input type="checkbox"/> Navy <input type="checkbox"/> Cranberry <input type="checkbox"/> Caramel	Qty/Class	CCL1 <small>(15-21mmHg*)</small>	CCL2 <small>(23-32mmHg*)</small>	CCL2F† <small>(23-32mmHg*)</small>
			Left			
			Right			

Style
 AC¹ Glove
 AC¹ Gauntlet
 AE Glove to Elbow ≥13 cm past wrist
 AE Gauntlet to Elbow ≥13 cm past wrist

Pocket[†]
 Back of hand
 Palm

Zipper[†]
 Back of hand
 Palm

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>