

Elvarex® Soft Order Form

Lower Extremity

TO ORDER:
<https://order.jobst.com/us>
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 _____

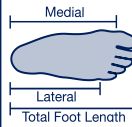
Color	Seam Color**	Quantity/Class	CCL 1 18-21 mmHg*	CCL 2 23-32 mmHg*	CCL 3 34-46 mmHg*
<input type="checkbox"/> Black	<input type="checkbox"/> Black	Left _____			
<input type="checkbox"/> Beige	<input type="checkbox"/> Beige	Right _____			
<input type="checkbox"/> Cocoa	<input type="checkbox"/> Cocoa	Body Bandage _____			
<input type="checkbox"/> Cherry	<input type="checkbox"/> Cherry				
<input type="checkbox"/> Navy	<input type="checkbox"/> Navy				
<input type="checkbox"/> Grey	<input type="checkbox"/> Grey				
<input type="checkbox"/> Cranberry	<input type="checkbox"/> Cranberry				

Styles

AD Knee AG-T Chap: pc. pr.

AG Thigh AT Pantyhose

AT Pantyhose must be all one compression class. All leg lengths must be equal.

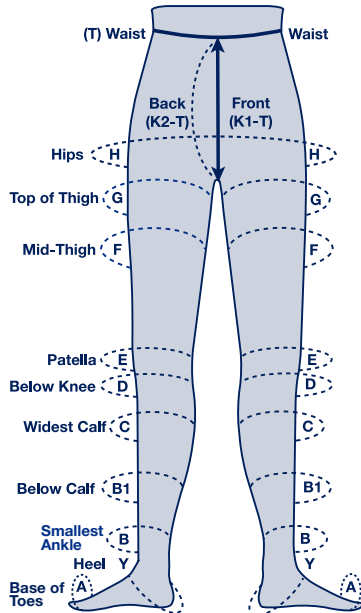


Straight Open Toe Length Slant Open Toe Length Slant Closed Toe Length

Lateral _____ cm Medial _____ cm Medial _____ cm

Straight Closed Toe Length Lateral _____ cm Lateral _____ cm

Total Foot _____ cm Total Foot _____ cm Total Foot _____ cm

Circum. (c)	Length (l)	Length (l)	Variations	Special Options																																												
cT	K2-T	lT	<input type="checkbox"/> B1G-T <input type="checkbox"/> FT Biker Short	<input type="checkbox"/> T-Heel																																												
cH	K1-T	lH	<input type="checkbox"/> BG-T	<input type="checkbox"/> Adj. waistband																																												
<table border="1"> <tr> <th colspan="2">Circumference (c)</th> <th colspan="2">Length (l): Taken from each landmark to floor</th> </tr> <tr> <th>Left</th> <th>Right</th> <th>Left</th> <th>Right</th> </tr> <tr> <td>cG</td> <td></td> <td>lG</td> <td></td> </tr> <tr> <td>cF</td> <td></td> <td>lF</td> <td></td> </tr> <tr> <td>cE</td> <td></td> <td>lE</td> <td></td> </tr> <tr> <td>cD</td> <td></td> <td>lD</td> <td></td> </tr> <tr> <td>cC</td> <td></td> <td>lC</td> <td></td> </tr> <tr> <td>cB1</td> <td></td> <td>lB1</td> <td></td> </tr> <tr> <td>cB</td> <td></td> <td>lB</td> <td></td> </tr> <tr> <td>cY</td> <td></td> <td>lA (medial)</td> <td></td> </tr> <tr> <td>cA</td> <td></td> <td>lA (lateral)</td> <td></td> </tr> </table>			Circumference (c)		Length (l): Taken from each landmark to floor		Left	Right	Left	Right	cG		lG		cF		lF		cE		lE		cD		lD		cC		lC		cB1		lB1		cB		lB		cY		lA (medial)		cA		lA (lateral)			<input type="checkbox"/> Open pubis
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				Pocket <input type="checkbox"/> In-step <input type="checkbox"/> Back of knee <input type="checkbox"/> All four sides closed																																												