



Confidence® Lower Extremity Order Form

Patient Name / ID Code or File # _____ DOB _____ Date _____
 Address _____ Gender M F
 City/Province/Postal Code _____
 Diagnosis _____ Lymphedema Lipedema

TO ORDER:

Email: ca.elvarex@essity.com

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

Tel: 1-877-978-5526 | 1-877-358-2739

Fax: 1-877-978-9703

Fitter Name _____	Fitter # _____ <small>(Not Required)</small>	Fitter Phone _____
Fitter Facility _____	Email _____	
Ship To Acct # _____	Acct Name _____	
Address _____	City _____ Province _____ Postal Code _____	
Email _____	Phone _____ Fax _____	
Bill To Acct # _____	Acct Name _____	
Address _____	City _____ Province _____ Postal Code _____	
Email _____	Phone _____ Fax _____	

PO# _____

Original Order Reorder w Changes
 Exact Reorder Schema # _____

Confirmation Fax # _____

Email _____

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

Colour	Styles	Quantity/Class	CCL1 (18-21mmHg†)	CCL2 (23-32mmHg†)	CCL3 (34-46mmHg†)
<input type="checkbox"/> Beige <input type="checkbox"/> Anthracite Heather <input type="checkbox"/> Black <input type="checkbox"/> Jeans Heather <input type="checkbox"/> Caramel <input type="checkbox"/> Red Heather	<input type="checkbox"/> AD Knee <input type="checkbox"/> AB1 Sock <input type="checkbox"/> ET Bermuda <input type="checkbox"/> AG High <input type="checkbox"/> BT Capri <input type="checkbox"/> AG-HT One Leg Panty <input type="checkbox"/> AT Panty <input type="checkbox"/> B1T Capri	Left			
		Right			

AD Band Options

Without Silicone 5cm Dotted Band With Lateral Rise (Standard)
 SoftFit Band AD
NOTE: this is a 5cm band

AG Band Options

Without Silicone 5cm Dotted Band With Lateral Rise (Standard)

Measuring Guidelines

(Only applicable for Confidence) See box below for applicable tension at each landmark.

0 no tension
 + light tension
 ++ heavy tension

Options

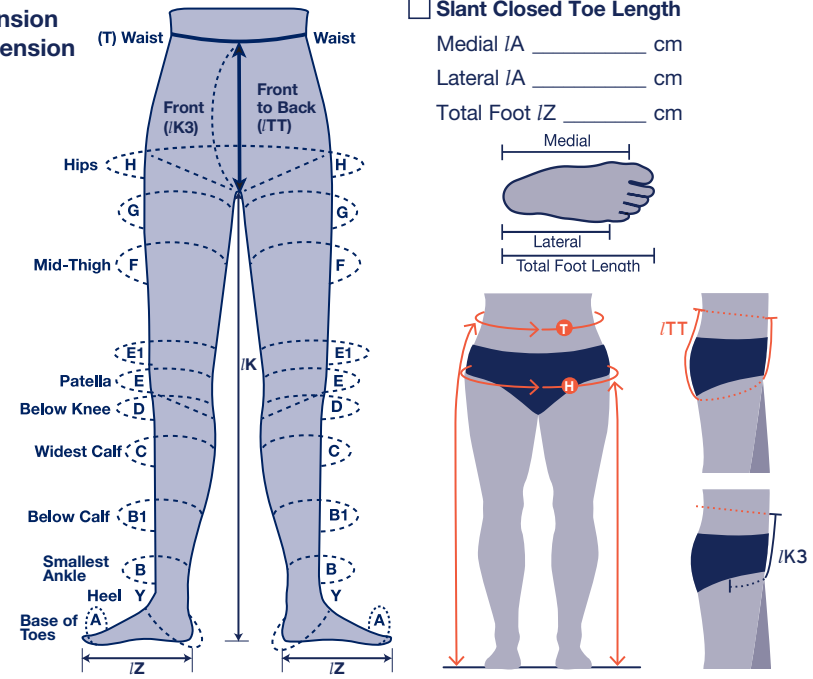
Lateral Rise =10% of circumference at D/G and is not adjustable (ex: if cD/cG is 35cm then lateral rise is 3.5cm)*

Men's style with fly without fly

Floral Waistband Women 5cm
 Elastic Waistband Women 5cm
 Elastic Waistband Men 4cm
 Decorative Line (Front of garment)
 Patient Initials Max 2 letters (A-Z)

Ankle Comfort Zone
 Knee Comfort Zone
 Hallux Valgus (slant toe option only)

Circum. (c)	Length (l)	Length (l)
cT ⁰	/TT	/T
cH ⁰	/K3	/H
Circumference (c)		Length (l): Taken from each landmark to floor
Left	Right	Left Right
		/K
cG ^{++/+}		/G
cF ⁺⁺		/F
cE1 ^A		/E1
cE ⁺		/E
cD ^{+/0...}		/D
cC ⁺⁺		/C
cB1 ⁺⁺		/B1
cB ⁺		/B
cY ⁰		
cA ^{+ΔΔ}		



* only available in AD and AG
 † design pressure
 Δ cE1 for Bermuda only, measure 4cm above kneecap
 ** silicone band & straight ending
 †† n/a Hallux Valgus
 *** if silicone band
 ΔΔ if patient is in lying position



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