

Elvarex® Soft Order Form

Lower Extremity

TO ORDER:
Email: ca.elvarex@essity.com
Tel: 1-877-978-5526
 1-877-358-2739
Fax: 1-877-978-9703

Patient Name / Essity File # _____ DOB _____
 Address _____ Gender M F
 City/Province/Postal Code _____
 Diagnosis _____

Date _____

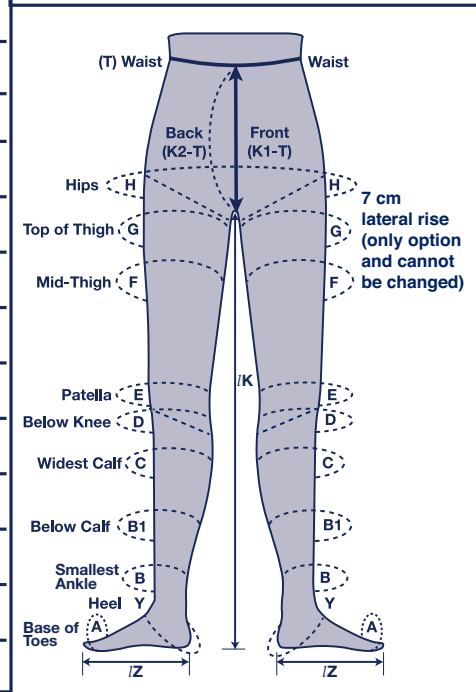
| Colour | Quantity/Class | CCL1 18-21 mmHg* | CCL2 23-32 mmHg* | CCL3 34-46 mmHg* |
|--|--|---------------------|---------------------|---------------------|
| <input type="checkbox"/> Beige <input type="checkbox"/> Grey <input type="checkbox"/> Black <input type="checkbox"/> Cocoa <input type="checkbox"/> Cranberry <input type="checkbox"/> Cherry <input type="checkbox"/> Navy | Left | | | |
| | Right | | | |
| | Body Bandage <small>cCL must be same as legs</small> | | | |

| | | | | |
|---|--|--|--|--|
| Styles <input type="checkbox"/> AD Knee <input type="checkbox"/> AG-T Chap: <input type="checkbox"/> pc. <input type="checkbox"/> pr. <input type="checkbox"/> AG Thigh <input type="checkbox"/> AT Pantyhose <small>AT Pantyhose must be all one compression class. All leg lengths must be equal.</small> | | <input type="checkbox"/> Straight Open Toe Length Lateral _____ cm Total Foot IZ _____ cm | <input type="checkbox"/> Slant Open Toe Length Medial _____ cm Lateral _____ cm Total Foot IZ _____ cm | <input type="checkbox"/> Slant Closed Toe Length Medial _____ cm Lateral _____ cm Total Foot IZ _____ cm |
|---|--|--|--|--|

| Circum. (c) | Length (l) | Length (l) | |
|-------------------|------------|--|-------|
| cT | K2-T | /T | |
| cH | K1-T | /H | |
| Circumference (c) | | Length (l): <small>Taken from each landmark to floor</small> | |
| Left | Right | Left | Right |
| | | /K | |
| cG | | /G | |
| cF | | /F | |
| cE | | /E | |
| cD | | /D | |
| cC | | /C | |
| cB1 | | /B1 | |
| cB | | /B | |
| cY | | /A (medial) | |
| cA | | /A (lateral) | |

Variations

B1G-T FT Biker Short
 BG-T



Special Options

Oblique: standard 4cm AD Adj. waistband (AT panty only)
 Other: ____cm Open pubis (AT panty only)
 T-Heel

Silicone Band On Top

2.5cm (A-D Only)
 5cm

AG-T Not available with Silicone band.
 AT Pantyhose must be all one compression class. All leg lengths must be equal.

SoftFit band (A-D Only)

| Pocket | Lining (Pocket all sides closed) |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> In-step | <input type="checkbox"/> In-step |
| <input type="checkbox"/> Back of knee | <input type="checkbox"/> Back of knee |
| | <input type="checkbox"/> Heel |

All measurements should be in centimeters.
 * Design Pressure
 *** Lateral rise: standard is 4cm AD and required is 7cm AG
 For additional product order forms, please go to:
<http://www.jobstcompressioninstitute.com/resources/orders>

Comments: _____

