



JOBST® Custom™ Seamed Order Form

1 DATE: _____ <input type="checkbox"/> ORIGINAL ORDER <input type="checkbox"/> REORDER <input type="checkbox"/> QUOTE ONLY RUSH Order with charge: <input type="checkbox"/> yes	2 GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <hr/> 3 SEVERITY <input type="checkbox"/> MILD <input type="checkbox"/> MODERATE <input type="checkbox"/> SEVERE	4 DIAGNOSIS: Please Check Appropriate Box(es) <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> Edema</td> <td><input type="checkbox"/> Venous Ulcer</td> </tr> <tr> <td><input type="checkbox"/> Lymphedema</td> <td><input type="checkbox"/> Varicose Veins</td> </tr> <tr> <td><input type="checkbox"/> Orthostatic Hypotension</td> <td><input type="checkbox"/> Venous Insufficiency</td> </tr> <tr> <td><input type="checkbox"/> Thrombotic Syndrome</td> <td><input type="checkbox"/> Arterial Insufficiency</td> </tr> <tr> <td><input type="checkbox"/> Sclerotherapy/ Vein Ligation</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other: List _____</td> <td></td> </tr> </table> <hr/> 5 <input type="checkbox"/> 15-20 mmHg <input type="checkbox"/> 40-50 mmHg <input type="checkbox"/> 20-30 mmHg <input type="checkbox"/> Other: _____ <input type="checkbox"/> 30-40 mmHg	<input type="checkbox"/> Edema	<input type="checkbox"/> Venous Ulcer	<input type="checkbox"/> Lymphedema	<input type="checkbox"/> Varicose Veins	<input type="checkbox"/> Orthostatic Hypotension	<input type="checkbox"/> Venous Insufficiency	<input type="checkbox"/> Thrombotic Syndrome	<input type="checkbox"/> Arterial Insufficiency	<input type="checkbox"/> Sclerotherapy/ Vein Ligation		<input type="checkbox"/> Other: List _____	
<input type="checkbox"/> Edema	<input type="checkbox"/> Venous Ulcer													
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<input type="checkbox"/> Sclerotherapy/ Vein Ligation														
<input type="checkbox"/> Other: List _____														
6 <div style="text-align: right;">File Number _____</div> PATIENT NAME or ID# _____ Date of Birth _____ / ____ / ____ <small style="margin-left: 100px;">Last Name First</small> <small style="margin-left: 150px;">Month</small> <small style="margin-left: 10px;">Year</small> Address _____ _____ _____ Phone # () _____														
7 PRESCRIBER _____ Phone # _____ Address _____ Specialty _____ _____ _____														
8 DEALER / CLINIC / HOSPITAL _____ Phone # () _____ Facility Account # _____ Order confirmation: Fax No. _____ or E-Mail address _____ Measured By: _____ Fitter # _____														
9 SHIP TO _____ Facility Account # _____ Address _____ _____ _____ Attention _____														
10 BILL TO _____ Facility Account # _____ Address _____ <input type="checkbox"/> Prepaid _____ Same as <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Invoice _____ Attention _____ P.O. No. _____														
11 <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AMEX Expiration Date _____ Auth.# _____ Card Number _____ Card Name _____														

Federal Law (USA) restricts the device to the sale by or on the order of a physician.

CUSTOM SEAMED - ARM

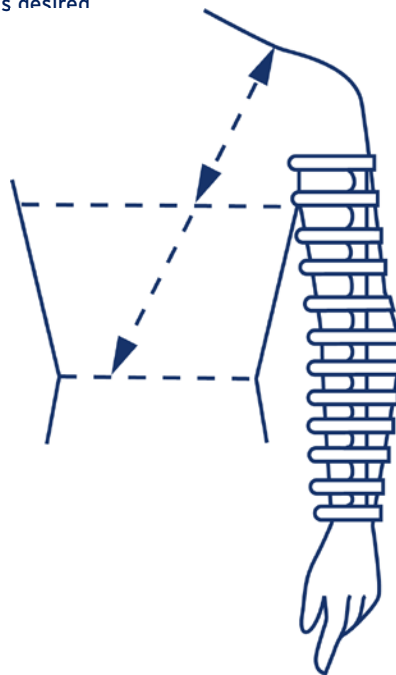
PATIENT'S NAME and/or ID # _____

12 STYLES / OPTIONS				
CAT. NO.	STYLES	QTY. LEFT	QTY. RIGHT	PRICE EACH
100505	Detachable Gauntlet (metacarpals to wrist)			
100515	Half Sleeve (wrist to elbow)			
100516	Half Sleeve & Gauntlet (metacarpals to elbow)			
101155	Half Sleeve (elbow to axilla)			
100501	Arm Sleeve (wrist to axilla)			
100503	Arm Sleeve with Attached Shoulder Flap			
100502	Arm Sleeve & Gauntlet (metacarpals to axilla)			
100504	Arm Sleeve, Gauntlet and Shoulder Flap			
101140	Arm Stump to Axilla			
Options				
101164	Zippers (see box 14)			
101167	Lining Inside Elbow			
101168	Lining Full Elbow			
101172	Adjustable Shoulder Flap (see box 15)			
101176	Contracture Seam			
110118	1" Silicone Band			
100160	2" Silicone Band			
100150	Beige			
100158	Black			

TOTAL

Standard length zipper is full length. If shorter zipper is desired please indicate length from wrist.

14 ZIPPER OPTIONS				
	LOCATION MARK (D)		LENGTH IN INCHES	
	LEFT	RIGHT	LEFT	RIGHT
LATERAL (outside) ASPECT (standard)				
MEDIAL (ulner) ASPECT (inside)				
POSTERIOR (back of hand)				
ANTERIOR (palm of hand)				



15 SHOULDER FLAP			
LEFT		RIGHT	

Length diagonally from top of shoulder to waist or below breast.

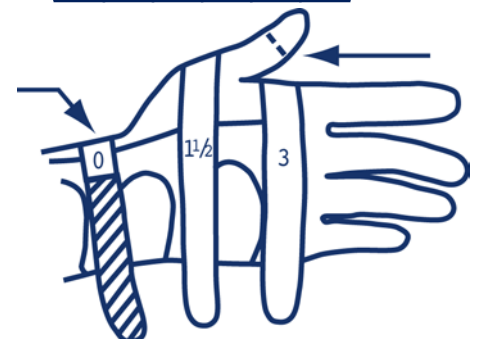
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Give circumference for adjustable flap at waist or below breast.

* 13 ARM CIRCUMFERENCE

PLEATS	WRIST TAPE#		PLEATS
	LEFT	RIGHT	
		-6	
		-4 1/2	
		-3	
		-1 1/2	
		0	
		+1 1/2	
		+3	
		+4 1/2	
		+6	
		+7 1/2	
		ELBOW 9	
		+10 1/2	
		+12	
		+13 1/2	
		+15	
		+16 1/2	
		+18	
		+19 1/2	
		AXILLA	

16 THUMB CIRCUMFERENCE			
LEFT		RIGHT	



*Start measuring arm from elbow to wrist then elbow to Axilla

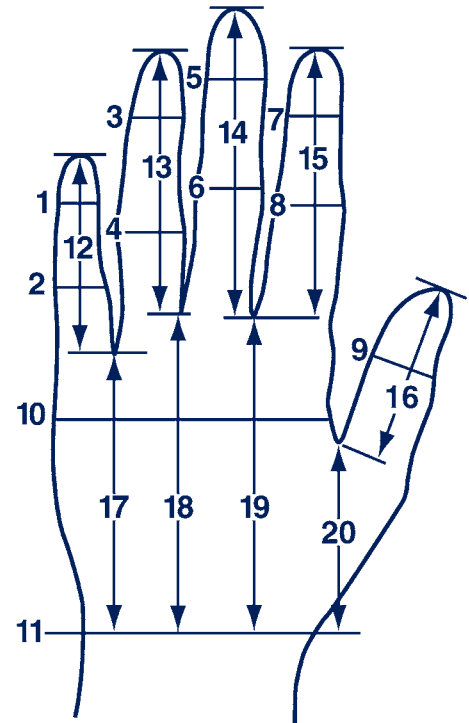
CUSTOM SEAMED - HAND

PATIENT'S NAME and/or ID # _____

17 STYLES / OPTIONS				
CAT. NO.	STYLES	QTY. LEFT	QTY. RIGHT	PRICE EACH
100532	Glove to Axilla			
100533	Glove to Axilla with Shoulder Flap			
100534	Glove to Elbow			
100535	Glove to Wrist			
100536	Interdigital Web Spacer (to be work over glove)			
100537	Mitten to Wrist			
Options				
101164	Zippers (see box 19)			
101169	Slant Inserts			
101167	Lining inside Elbow			
101168	Elbow lining (full)			
100021	Reinforced Palm or Dorsum			
100150	Beige			
100158	Black			

TOTAL

Should be taken from outline drawings unless fingers are contracted.



* **18 LENGTHS (HAND OUTLINE REQUIRED)**

For Open Tip, give finished length desired	IF OPEN	LEFT	RIGHT	IF OPEN
Little finger to web between little finger and ring finger				
Ring finger to web between ring and middle fingers				
Middle finger to web between middle and index fingers				
Index finger and web between middle and index fingers				
thumb to thumb web				
Wrist to web between middle and ring fingers				
Wrist to web between middle and ring fingers				
Wrist to web between index and middle fingers				
Wrist to thumb web				

19 ZIPPER OPTIONS (mark ✓)

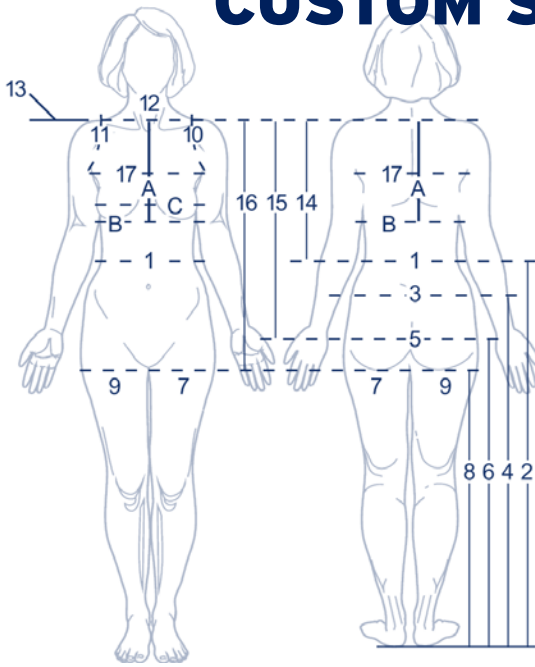
	LEFT	RIGHT
DORSAL (posterior) ASPECT (standard)		
ULNAR (little finger) (standard)		
PALMAR (anterior)		

20 CIRCUMFERENCES

	LEFT	RIGHT
Little finger DIP		
Little finger PIP		
Ring finger DIP		
Ring finger PIP		
Middle finger DIP		
Middle finger PIP		
Index finger DIP		
Index finger PIP		
Thumb		
Palm		
Wrist		
1 1/2" beyond Wrist		
3" beyond Wrist		

* Hand outlines must have a 1" vertical measurement on the paper

CUSTOM SEAMED - TORSO / HEAD



PATIENT'S NAME and/or ID # _____

21 STYLES

CAT. NO.	STYLES	QTY.	PRICE EACH
100525	Sleeveless Vest 1, 10-14, 17		
100524	Vest 1 Long Sleeve 1, 5, 7, 9-17 + arm(s) 1 Short Sleeve		
100526	Vest - 2 Short Sleeves 1, 5, 7, 9-17 + arm(s)		
100527	Vest - 2 Long Sleeves 1, 5, 7, 9-17 + arm(s)		
100530	Sleeveless Body Brief 1, 5, 7, 9-17		
100531	Body Brief with Sleeves 1, 5, 7, 9-17 + arm(s)		
100558	Sleeveless Body Suit 1, 5, 7, 9-17 + leg(s)		
100560	Body Suit with Sleeves 1, 5, 7, 9-17 + arm(s) & leg(s)		
101163	VELCRO® Tabs		
101118	1" Silicone Elastic (Beaded Dot Silicone band)		
100160	2" Silicone Elastic (Beaded Dot Silicone band)		
100150	Beige		
100158	Black		

22 CIRCUMFERENCES

	CIRCUM	HEIGHT
Desired Top of Support		
Waist	1	2
Midpoint Between 1 & 5	3	4
Largest Part of Buttocks	5	6
Proximal Thigh Left (at fold of buttocks)	7	8
Proximal Thigh Right (at fold of buttocks)	9	8
Left Shoulder	10	
Right Shoulder	11	
Neck	12	
Shoulder Width		13
Shoulder to Waist		14
Shoulder to Largest Part of Buttocks		15
Shoulder to Fold of Buttocks		16
Chest	17	
End of Support		
Shoulder to End of Support		
Circumference at End of Support		
Measurement for Bra Cups		
Shoulder to Just Under Breast	A	
Circumference Just Under Breast	B	
Circumference Over Nipple Line	C	

TOTAL

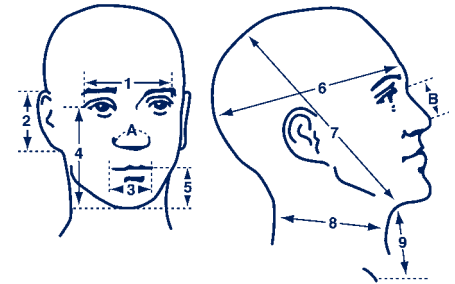
If arm or leg measurements are required go to arm or lower extremity section(s).

23 TORSO / BODY DESIGN CHOICES

	Front Closure Zipper	Front Closure Velcro	Back Closure Zipper	Back Closure Velcro	Open Axilla LT RT	Self Axilla LT RT	V Neck	Turtle-neck	Scoop Neck
<input checked="" type="checkbox"/> IF YES									

24 HEAD MEASUREMENTS

Width of Eyes	1		
Length of Ear	2		
Width of Mouth	3		
Chin to Eyes	4		
Chin to Mouth	5		
Circ. above Eyebrow	6		
Around Head at Chin Angle	7		
Circ. of Neck	8		
Throat to Sternal Notch	9		
Nose Covering Across Tip	A		
Nose Covering Length	B		



25 STYLES / OPTIONS

CAT. NO.	STYLES	QTY.	PRICE EACH
100540	Face Mask		
101158	Open Face Mask		
100550	Chin Strap		
100549	Modified Chin Strap (extends behind ear)		
Options			
101165	Nose Covering		
101166	Lip Covering		
100150	Beige		
100158	Black		

TOTAL

CUSTOM SEAMED - LOWER EXTREMITIES

26 LEG CIRCUMFERENCE

LEFT	TAPE#	RIGHT
	-7 1/2	
	-6	
	-4 1/2	
	-3	
	-1 1/2	
	HEEL 0	
	+1 1/2	
	+3	
	+4 1/2	
	+6	
	+7 1/2	
	+9	
	+10 1/2	
	+12	
	+13 1/2	
	+15	
	+16 1/2	
	+18	
	+19 1/2	
	+21	
	+22 1/2	
	+24	
	+25 1/2	
	+27	
	+28 1/2	
	+30	
	+31 1/2	
	+33	
	+34 1/2	
	+36	

PLEATS

Pleat at end of foot only (2 max.)

Pleat at top only (1 max.)


PATIENT'S NAME and/or ID # _____

27 STYLES / OPTIONS / COLORS

CAT. NO.	STYLES	QTY. LEFT	QTY. RIGHT	QTY. OTHER	PRICE EACH
100105	Anklet				
100101	Knee Length				
100201	Thigh Length				
100538	Foot Glove to Ankle Length				
100539	Foot Glove Extending to Knee Length				
Waist Height: See Box #22 for Body Measurements					
101101	Waist Height / Two Legs / Closed Pubis				
101102	Waist Height / Two Legs / Open Pubis				
101103	Waist Height / One Leg / Open Pubis				
101104	Maternity, _____ month of Pregnancy				
101112	Waist Height / One Leg Panty, Open Pubis				
101113	Waist Height / One Leg Panty, Closed Pubis				
101114	Waist Height / One Leg, Brief				
101105	Waist Height / One Leg, Below Knee and One Full Leg, Closed Pubis				
101106	Waist Height / One Leg, Below Knee and One Full Leg, Open Pubis				
101119	Panty Girdle / Two Legs, Below Knee, Closed Pubis				
101111	Panty Girdle / Two Legs, Below Knee, Closed Pubis				
101122	Panty Girdle / Two Legs, Above Knee, Open Pubis				
101110	Panty Girdle / Two Legs, Below Knee, Open Pubis				
100077	Panty Girdle / Variation, Above Knee				
100103	Panty Girdle, Variation, One Leg Below Knee, One Leg Above Knee				
100102	Panty Girdle / Variation, Below Knee				
100035	Chap Style / One Leg				
100036	Chap Style / Two Legs				
100019	Leg Band (Knee or Thigh)				
Colors					
100150	Beige				
100158	Black				
Options					
101187	Reinforced Heel (per Leg)				
101188	Full Ankle Lining (including heel) (per Leg)				
101186	Reinforced Knee				
100040	Lining behind Knee (per Leg)				
101159	Self-material Enclosed Toe (see box 28)				
101160	Soft Enclosed Toe				
101164	Zippers (see box 29)				
101108	Zipper Pull (Plastic)				
101161	Reduced Pressure Abdominal Panel				
101162	Attached Suspenders (under age 6, no charge)				
101185	Reinforced Inner Thigh & Perineum				
101177	Oversize Charge (50" to 59 7/8")				
100031	Oversize Charge (60" to 69 7/8")				
100042	Oversize Charge (70" or greater)				
101118	1" Silicone Band				
100160	2" Silicone Band				
101163	1" Velcro® Tabs (Waist height only)				
101176	Contracture Seam				
Stumps					
101130	Stump Support, Above Knee				
101131	Stump Support, Below Knee				
101134	Stump Support, One Stump and One Leg, Waist Height, Closed Pubis				
101135	Stump Support, One Stump and One Leg, Waist Height, Open Pubis				
100039	Stump Support, One Stump and Panty				
100037	Chap Style, One Stump				
100038	Chap Style, Two Stump				

TOTAL

PATIENT'S NAME and/or ID # _____

28 FOOT MEASUREMENTS	
	
LEFT	RIGHT

28 ZIPPER OPTIONS				
	LOCATION MARK (D)		LENGTH IN INCHES	
	LEFT	RIGHT	LEFT	RIGHT
LATERAL (outside) ASPECT (standard)				
MEDIAL (Inside) ASPECT				
IN BODY ONLY (waist height only)				

ORDER SUMMARY	
SUBTOTAL \$	
Next Day Ordering Processing Fee	
SERVICE FEE	
\$15 OPTIONAL OVERNIGHT SHIPPING	
(TAXABLE) SUBTOTAL	
TOTAL \$	

RUSH Service Phone, email or fax orders may receive this priority service if requested. Your order will be completed and shipped from our facility within "1" day of the day of receipt. The service fee is 30% of the total prices entire order, plus the \$15.00 next day air fee. Available in the USA only.

***REQUEST FOR NEXT DAY AIR SHIPPING OPTION ONLY (USA only) charge of \$15.00**

Essity Fee for reading measuring tapes - \$25.00

Please fax your order to: 1-800-835-4325 or email to: seamedorders@essity.com

**BSN Medical Inc., an Essity company
1-800-537-1063 option 2**

Please enclose remittance or P.O., payable in U.S. funds or their equivalent. Sorry, NO C.O.D.'s

COMMENTS
COMMENTS _____



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